## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000038226

1. Entity Name SOFKA & GRAY, INC.



Principal Place of Business

1497 MAIN STREET SUITE 358 DUNEDIN, FL 34698 Mailing Address

1497 MAIN STREET SUITE 358 DUNEDIN, FL 34698

## FILED Mar 05, 2008 8:00 am Secretary of State

03-05-2008 90029 036 \*\*\*150.00

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02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3507397

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

3

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

	· *					
the obligat	e named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or reg	istered agent, or both	n, in the State of Florida. I am familiar wit	h, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	d applicable, (NOTE: Registere	id Agent signature re	quired when reinstating)	DATE	<del></del>
TILE NOMILIFEE 18 3 1 20.00		Election Campaign Finar Trust Fund Contribution,		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	<u> </u>	<b>.</b>	-	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HUMPHREY, THEODORE J 1497 MAIN STREET, #358 DUNEDIN, FL 34698					
TITLE VICE PRECIDENT  NAME HUMPHREY, BARBARA  STREET ADDRESS 1197 Main STreet, # 358  CITY-ST-ZIP Danedin, FL 34698						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	DO	NOT WRITE	· ···
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					: 	
12. I hereby	certify that the information supplied with this f	iling does not qualify for the exe	emptions conta	ined in Chapter 119,	Florida Statutes. I further certify that the	information

14. Indepty certify that the information supplied with this falling coes not quality for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theoslore J. Humphrey

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

President

2/27/08

Daytime Phone #