



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90007 015 ***150.00

DOCUMENT # P98000059012 1. Entity Name R. GRAY & ASSOCIATES, INC.					
Principal Place of Business 517 RIVER RD. CARRABELLE, FL 32322			Mailing Address 517 RIVER RD. CARRABELLE, FL 32322		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 755 Suite, Apt. #, etc.			
City & State CARRABELLE, FL		City & State CARRABELLE, FL		4. FEI Number 59-3521605	
Zip 32322		Country FLANKLIN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, RONALD 517 RIVER RD. CARRABELLE, FL 32322				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAY, RONALD 517 RIVER RD CARRABELLE, FL 32322 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAY, MARLYAN 517 RIVER RD CARRABELLE, FL 32322 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida 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 or 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: <i>Ronald Gray</i> Ronald Gray <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				7/10/06 <small>Date</small>	
				850-653-7186 <small>Daytime Phone #</small>	