


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90033 026 \*\*\*150.00

**DOCUMENT # P99000016086**

1. Entity Name  
**GRAY INTERNATIONAL CORP.**



Principal Place of Business  
**4908 BRIDGEHAMPTON BLVD  
 SARASOTA, FL 34238**

Mailing Address  
**4908 BRIDGEHAMPTON BLVD  
 SARASOTA, FL 34238**

2. Principal Place of Business  
**7735 HOLIDAY DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7735 HOLIDAY DR.**  
 Suite, Apt. #, etc.

City & State  
**SARASOTA, FL**

City & State  
**SARASOTA, FL**

Zip  
**34231**

Country  
**SARASOTA**

Zip  
**34231**

Country  
**SARASOTA**

02272004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0896970**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**GRAY, JAIME**  
**4908 BRIDGEHAMPTON BLVD.**  
**SARASOTA, FL 34238**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST GRAY, JAIME 4908 BRIDGEHAMPTON BLVD SARASOTA, FL 34238</b> <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	<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 exemption stated in Section 119.07(3)(i), 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:** JAIME GRAY **JAIME GRAY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT** **3/9/04** **941-926-8660**  
Date Daytime Phone #