2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # S22784

1. Entity Name CHIP GRAY REALTY, P.A.



Principal Place of Business

1679 METROPOLITAN CR. SUITE 200

TALLAHASSEE, FL 32308

Mailing Address

1679 METROPOLITAN CR. SUITE 200

TALLAHASSEE, FL 32308





٠٠٠

DO NOT WRITE IN THIS SPACE

04192006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3042204 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Age	nt
---	----

GRAY, CHARLES H., III 1679 METROPOLITAN CR. SUITE 200 TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

	above named entity submits this statement for the pobligations of registered agent.	ourpose of changing its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE					
	signature, typed or printed name or registered agent and tide i	il applicable. (NOTE: Registered Agent signature required when reinstating)	DATE		
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
TITLE	DPS				
ODAY CHARLES H. III					

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GRAY, CHARLES H., III 1679 METROPOLITAN CR. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, CHARLES H., III 1679 METROPOLITAN CR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100072702411 04/28/06--01027--006 **150.00

DO NOT WRITE IN THIS SPACE

agy/zolop

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 appowered.

SIGNATURE: .

G OFFICER OR DIRECTOR

830-49**3**-