## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Feb 16, 2007 08:00 AM Secretary of State

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DOCUMENT #	CARROLL			
	<b>54000</b> 0			

1. Entity Name
GLENN GRAY & ASSOCIATES, INC.



Principal Place of Business

Business

127 INDUSTRIAL RD. STE A BIG PINE KEY, FL 33043-3410 US Mailing Address

127 INDUSTRIAL RD. STE A BIG PINE KEY, FL 33043-3410 US



02052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0259334 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GRAY, GLENN 127 INDUSTRIAL RD, SUITE A BIG PINE KEY, FL 33043

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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								
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	ing 📮	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	······································		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAY, GLENN 127 INDUSTRIAL RD STE., A BIG PINE KEY, FL 33043			1/00000638023				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· —•			U00000638023 02/27/07-80012-023 150.00			
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12. hereby o	ertify that the information supplied with this fill	ng does not qualify for the exen	ptions cor	tained in Chapter 119	9, Florida Statutes. I further certify that the information			

12. Hereby certify that the information supplied with this filling 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:

FUNTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07 305-872.