

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90104 030 ***150.00

DOCUMENT # S79481

1. Entity Name
GRAYSON ASSOCIATES, INC.



Principal Place of Business
802 VILLA AVE.
FAIRFIELD, CT 06825

Mailing Address
PO BOX 320238
FAIRFIELD, CT 06432 06825

4010000



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-0845658

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRIEK, DOMINIC 4059 PARK AVENUE FAIRFIELD, CT 06432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GRAYSON, KATHERINE 79 TEMPLAR PLACE OAKLAND, CA 94618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GRAYSON, JILL 15 BERKELEY ROAD WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CONETTA, ELIZABETH 46 BROCKWOOD LANE SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07

Date

Daytime Phone #