

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90020 020 ***150.00

DOCUMENT # V42356

1. Entity Name
COURTNEY L. GRAY-WEAR, INC.



40027201

Principal Place of Business Mailing Address
3341 S.E. 3RD AVENUE 3341 S.E. 3RD AVENUE
OCALA, FL 34471 US Ocala, FL 34471 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
8275 SE 16th Terrace 8275 SE 16th Terrace
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ocala, FL Ocala, FL
Zip Country Zip Country
34480 - USA 34480 USA



02062008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0331959 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
GRAY, COURTNEY L.
3341 S.E. 3RD AVENUE
OCALA, FL 34471

7. Name and Address of New Registered Agent
Name Courtney L. Wear
Street Address (P.O. Box Number is Not Acceptable)
8275 SE 16th Terrace
City Ocala FL Zip Code 34480

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 Courtney L. Wear DATE 2/11/08
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, 2008 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	P WEAR, COURTNEY L. 3341 S.E. 3RD AVENUE OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Courtney L. Wear 8275 SE 16th Terrace Ocala, FL 34480 <input checked="" 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 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: Courtney L. Wear DATE 2-11-08 (352) 407-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR