I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M GRAYSON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P01000076722

Entity Name: GRAYSON ACCOUNTING & CONSULTING, P.A.

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1741 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 12774 TALLAHASSEE, FL 32317

FEI Number: 59-3735258

Name and Address of Current Registered Agent:

GRAYSON, JOHN M 1741 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

Electronic Signature of R

Officer/Director Detail :

| Title | D | Title | DIRECTOR |
|-----------------|----------------------|-----------------|----------------------|
| Name | GRAYSON, JOHN M | Name | GRAYSON, CASSANDRA J |
| Address | 2143 DORAL DRIVE | Address | PO BOX 12774 |
| City-State-Zip: | TALLAHASSEE FL 32312 | City-State-Zip: | TALLAHASSEE FL 32317 |

| Registered Agent | | |
|------------------|-------|----------------------|
| | | |
| | | |
| | Title | DIRECTOR |
| | Name | GRAYSON, CASSANDRA J |
| | | |

OWNER

Certificate of Status Desired: No

FILED Apr 30, 2025 Secretary of State 6335984315CC

Date

Date

04/30/2025