

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000105249

**Entity Name:** GRAY GABLES, INC.

**Current Principal Place of Business:**

2106 DREW STREET  
SUITE 103  
CLEARWATER, FL 33765

**Current Mailing Address:**

2106 DREW STREET  
SUITE 103  
CLEARWATER, FL 33765 US

**FEI Number: 59-3546990**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

OWENS, DEZRA  
2106 DREW STREET  
SUITE 103  
CLEARWATER, FL 33765 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 Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT,  
                  SECRETARY, ASST. TREASURER  
Name           DRESDEN, BRYAN  
Address        2106 DREW STREET, SUITE 103  
City-State-Zip: CLEARWATER FL 33765

Title           DIRECTOR, VP  
Name           DRESDEN, GARY  
Address        2106 DREW STREET, SUITE 103  
City-State-Zip: CLEARWATER FL 33765

Title           DIRECTOR, ASST. SECRETARY  
Name           OWENS, DEZRA  
Address        2106 DREW STREET, SUITE 103  
City-State-Zip: CLEARWATER FL 33765

Title           TREASURER  
Name           MILLER, MELINDA R  
Address        2106 DREW STREET, SUITE 103  
City-State-Zip: CLEARWATER FL 33765

*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: DEZRA OWENS**

**DIRECTOR, ASST  
SECRETARY**

**04/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date