2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 26, 2004 8:00 am **DOCUMENT # 126920 Secretary of State** 1. Entity Name 03-26-2004 90143 001 ***900.00 **GRAVES BROTHERS COMPANY** Principal Place of Business Mailing Address PO BOX 277 WABASSO FL 32970 8465 OLD DIXIE HWY WABASSO FL 32970 2. Principal Place of Business 3. Mailing Address P.O. Box 700277 Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-0269180 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Bass, Jeff E. GRAVES, J.R., JR Street Address (P.O. Box Number is Not Acceptable) 8465 Old Dixie Highway 8465 OLD DIXIE HWY WABASSO FL 32970 Zip Code 32970 Wabasso 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. Jeff E. Bass, President in name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STD TITLE Delete TITLE STD ☐ Change Addition BASS, ELIZABETH G Bass, Elizabeth G 3395 Buckinghammack Trail NAME NAME 6275 N MIRROR LAKE DR STREET ADDRESS STREET ADDRESS SEBASTIAN FL City-St-ZIP CITY-ST-ZIP Vero Beach, FL 32960 CD TITLE Delete ☐ Change ☐ Addition NAME GRAVES, RICHARD J JR NAME 8465 OLD DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WABASSO FL 32970 CITY-ST-ZIP TITLE PD ☐ Defete TITLE ☐ Change ☐ Addition BASS, JEFF E NAME STREET ADDRESS 8465 OLD DIXIE HWY STREET ADDRESS CITY-ST-ZIP WABASSO FL 32970 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HUFF, JAMES E NAME 1545 SMUGGLERS COVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED

SIGNATURE:

Jeff E. Bass 03-19-04 772-589-4356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayling Phone #

changed, or on an attachment with an address, with all other like empowered.