

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004 8:00 am
Secretary of State

01-07-2004 90027 008 ***150.00

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1. Entity Name
ZACUR & GRAHAM, P.A.



Principal Place of Business
5200 CENTRAL AVE.
ST. PETERSBURG, FL 33707-1834

Mailing Address
5200 CENTRAL AVE.
ST. PETERSBURG, FL 33707-1834



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1628312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, PETER D
5200 CENTRAL AVE.
ST. PETERSBURG, FL 33707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME ZACUR, RICHARD A
STREET ADDRESS 5200 CENTRAL AVE
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE VPSD ☐ Delete
NAME GRAHAM, PETER D
STREET ADDRESS 5200 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE SD ☐ Delete
NAME GRAHAM, PETER D.
STREET ADDRESS 5200 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Peter D Graham PETER D GRAHAM

Date

Daytime Phone #

1/5/04 727-328-1000