

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90316 001 ***900.00

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DOCUMENT # 552382 1. Entity Name GRAVES BROTHERS CARETAKING, INC.						
Principal Place of Business 8465 OLD DIXIE HWY WABASSO, FL 32970 US			Mailing Address PO BOX 700277 WABASSO, FL 32970 US			
2. Principal Place of Business - No P.O. Box # 5135 87 Street		3. Mailing Address Suite, Apt. #, etc. City & State Wabasso, FL Zip 32970 Country USA				
Suite, Apt. #, etc. City & State Wabasso, FL Zip 32970 Country USA		Suite, Apt. #, etc. City & State Zip Country		02122007 Chg-P CR2E034 (12/06) 4. FEI Number 59-1785959		
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent BASS, JEFF E 8465 OLD DIXIE HIGHWAY WABASSO, FL 32970			7. Name and Address of New Registered Agent Name Bass, Jeff E. Street Address (P.O. Box Number is Not Acceptable) 5135 87 Street City Wabasso FL Zip Code 32970			
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		Jeff E. Bass, President		02-28-07 <small>DATE</small>		
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BASS, JEFF E 8465 OLD DIXIE HWY WABASSO, FL 32970		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5135 87 Street Wabasso, FL 32970	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CD GRAVES, RICHARD J JR 8465 OLD DIXIE HWY WABASSO, FL 32970		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD BASS, ELIZABETH G 3395 BUCHINGHAMMOCK TRAIL VERO BEACH, FL 32960		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		Jeff E. Bass		02-28-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>		