

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90152 017 \*\*\*150.00

**DOCUMENT # 648695**

1. Entity Name

WILLIAM J. GRAHAM, JR., PAINTING, INC.



Principal Place of Business

5344 MONTEREY CR # 85  
DELRAY BEACH FL 33484

Mailing Address

5344 MONTEREY CR # 85  
DELRAY BEACH FL 33484



2. Principal Place of Business

832 Alameda ST

Suite, Apt. #, etc.

3. Mailing Address

832 Alameda ST

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

Orange

Zip

32804

Country

Orange

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1952476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, ELIZABETH A  
5344 MONTEREY CR # 85  
DELRAY BEACH FL 33484

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete  
NAME GRAHAM, ELIZABETH A  
STREET ADDRESS 5344 MONTEREY CR # 85  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D ☐ Delete  
NAME GRAHAM, J GERARD  
STREET ADDRESS 5344 MONTEREY CIRCLE # 85  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE PD ☐ Delete  
NAME GRAHAM, WILLIAM J JR  
STREET ADDRESS 5344 MONTEREY CR # 85  
CITY-ST-ZIP DELRAY BEACH FL 33484

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 832 Alameda ST  
CITY-ST-ZIP Orlando, FL 32804

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 832 Alameda ST  
CITY-ST-ZIP Orlando, FL 32804

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 832 Alameda ST  
CITY-ST-ZIP Orlando, FL 32804

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

Date

407-849-9897

Daytime Phone #