

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90023 001 ***150.00

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03312006 Chg-P CR2E034 (11/05)

DOCUMENT # F05000007447

1. Entity Name
THE GRAFTON GROUP, INC.



Principal Place of Business
**3 REARDON COURT
SAVANNAH, GA 31406**

Mailing Address
**3 REARDON COURT
SAVANNAH, GA 31406**

2. Principal Place of Business

1122 Montgomery Cross Rd.
Suite, Apt. #, etc.

3. Mailing Address

1122 Montgomery Cross Rd.
Suite, Apt. #, etc.

City & State

Savannah, GA

Zip
31406

Country
USA

City & State

Savannah, GA

Zip
31406

Country
USA

4. FEI Number

58-2440444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAFTON, CHRIS
9905 ST. AUGUSTINE RD SUITE 501A
JACKSONVILLE, FL 32257**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
GRAFTON, MICHEL
3 REARDON COURT
SAVANNAH, GA 31406** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY - ST - ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06
Date

912-351-9994
Daytime Phone #