## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000005344

Entity Name: B.B. GRAHAM & COMPANY, INC

KATHREIN, DONNA M COO

1700 W KATELLA AVE

ORANGE, CA 92867 US

Name:

Address:

City-St-Zip:

FILED Apr 13, 2009 Secretary of State

	e. b.b. 010	117 W C C C W T 7 W T , 11 V C .			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ATELLA AVE CA 92867				
Current Mailing Address:			New Mailing Address:		
	ATELLA AVE CA 92867				
FEI Number	: 95-4587418	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
DURANTE, RALPH 139 BARBADOS DR. JUPITER, FL 33458 US				DURANTE, RALPH 3168 BURBANK LANE THE VILLAGES, FL 32162 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			04/13/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP ( GRAHAM, BRU 1700 W. KATE ORANGE, CA	ELLA AVE.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DT ( GRAHAM, WIL 1700 W. KATE ORANGE, CA	ELLA AVE.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DST ( CONDIT, DON 1700 W. KATE ORANGE, CA	ELLA AVE.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	COO (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DONALD P CONDIT CCO 04/13/2009