# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 05, 2007 8:00 am**
**Secretary of State**
03-27-2007 90013 014 ****70.00

DOCUMENT # F99000004753

1. Entity Name

GRAF PAIGE AND ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O SCHALLOT C SLADE, CORP. SEC.<br>1170 NW 79 STREET, 208-B<br>MIAMI FL 33150 | C/O SCHALLOT C SLADE, CORP. SEC.<br>1170 NW 79 STREET, 208-B<br>MIAMI FL 33150 |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PAIGE, GRAF<br>1170 N.W. 79 STREET<br>208-B<br>MIAMI FL 33150 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 graf Paige Graf PAIGE March 12th'07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PDT<br>PAIGE, GRAF<br>1170 NW 79 ST, 208-B<br>MIAMI FL 33150 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DCS<br>SLADE, SCHALLOT C<br>1170 NW 79 ST, 208-B<br>MIAMI FL 33150 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Assist Corp Sec DCS<br>Sharon Russell<br>1330 NW 77 Terrace<br>Miami, Florida 33147 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>PAIGE, PATRICK H<br>7819 N.W. 228TH STREET<br>RAIFORD FL 32026 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~Thomas R. Paige~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Thomas R. Paige DV<br>1 Henderson Road 33<br>Lake Placid, Florida 852 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 617, 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:** graf Paige Graf Paige (305) 694-9676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #