2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 08:00 AM Secretary of State

DOCUMENT # G14680 1. Entity Name THEODORE H. GRĀEVE, INC.				Se	cretary of State
Principal Place of Business	Mailing Address	•			
461 17TH ST SW	461 17TH ST SE NAPLES, FL 34117 US				
DO NOT WOITE IN THE COACE			01212005	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPA		CE	4. FEI Number 59-2246	162	Applied For Not Applicable
			5. Certificate of		\$8.75 Additional Fee Required
6. Name and Address of Curr	ent Registered Agent				1 00 110quieo
GRAEVE, THEODORE H. 34117 NAPLES, FL 33964		-DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.		red office or register		in the State of Flo	rida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$55	9. Election Campaign Fina Trust Fund Contribution.	incing \$5.	00 May Be		
	ND DIRECTORS	<u> </u>			
TITLE P					
NAME GRAEVE, THEODORE H STREET ADDRESS 461 17TH ST SW					
CITY-ST-ZIP NAPLES, FL 34117				Unnone	237063
TITLE		1		02/21/05-	80043-008 158.75
NAME STREET ADDRESS					
CITY-ST-ZIP					
TITLE	- · · · · · · · · · · · · · · · · · · ·	1			
NAME					
STREET ADDRESS CITY-SY-ZIP			DO I	W TOP	RITE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Chaoter 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:

CITY-ST-ZIP TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTACT ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR

2-16-05

IN THIS SPACE

239-353-7170

Daytime Phone #