

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M52185

1. Entity Name
MCNAMARA & GRAVES INC.



**FILED
May 04, 2007 08:00 A
Secretary of State**

Principal Place of Business
330 DIXON DR
FT PIERCE, FL 34982 US

Mailing Address
5910 SPRUCE DRIVE
FT. PIERCE, FL 34982-3794

DO NOT WRITE IN THIS SPACE



02042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2801825	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERSON, SUSAN
4404 ARECA PALM DRIVE
FORT PIERCE, FL 34982

**DO NOT WRITE
IN THIS SPACE**

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 remitting)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution:	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCNAMRA, TOM
STREET ADDRESS	5910 SPRUCE DRIVE
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	TSD
NAME	GRAVES, CLYDE S.
STREET ADDRESS	5910 SPRUCE DRIVE
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80015-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Clyde S. Graves*
(Signature and Typed or Printed Name of Signing Officer or Director)

3-28-67 772-593-0160
Date Daytime Phone #