

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90006 039 ****70.00

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1. Entity Name

GRAHAM-ROGALL RESIDENT MANAGEMENT CORPORATION



Principal Place of Business

**300 10TH SOUTH
#232
ST. PETERSBURG FL 33705
US**

Mailing Address

**300 10TH SOUTH
#232
ST. PETERSBURG FL 33705
US**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3253407

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

**WALSH, WILLIAM
305- M.L.K. ST. SO., APT. 801
ST. PETERSBURG FL 33705**

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

William Walsh

William WALSH

2/20/08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature not used when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 PD
NAME WALSH, WILLIAM ☐ Delete
STREET ADDRESS 305-MLK ST. SO., APT. 801
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE TD ☒ Delete
NAME STAFFORD, TODD
STREET ADDRESS 305-MLK ST. SO., APT. 701
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE VD ☐ Delete
NAME GRANT, SHIRLEY
STREET ADDRESS 300-16TH ST. APT. 936
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *William Walsh* William WALSH 2/20/08 727 821-2228