

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90083 017 ***150.00

DOCUMENT #P00000106639

1. Entity Name
GRAHAM MANAGEMENT SERVICES, INC.



Principal Place of Business
14705 GULF BLVD
MADEIRA BEACH, FL 33708

Mailing Address
14705 GULF BLVD.
MADEIRA BEACH, FL 33708



2. Principal Place of Business

3. Mailing Address
435 BUTTONWOOD LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012005

Chg-P

CR2E034 (10/03)

City & State

City & State
LARGO FL.

4. FEI Number

59-3681309

Applied For

Not Applicable

Zip

Country

Zip

33770

Country

USA

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

KNAUST, WARREN J
2730 CENTRAL AVE.
ST. PETERSBURG, FL 33712

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GRAHAM, DIANE
STREET ADDRESS 435 BUTTONWOOD LANE
CITY-ST-ZIP HARBOR BLUFFS, FL 33770

TITLE D
NAME FALCO LOUIS
STREET ADDRESS 435 BUTTONWOOD LN.
CITY-ST-ZIP LARGO FL 33770

TITLE P
NAME GRAHAM, DIANE
STREET ADDRESS 435 BUTTONWOOD LANE
CITY-ST-ZIP HARBOR BLUFFS, FL 33770

TITLE P
NAME FALCO LOUIS
STREET ADDRESS 435 BUTTONWOOD LN.
CITY-ST-ZIP LARGO FL 33770

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05 727-686-4977
Date Daytime Phone #