2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

FILED Feb 23, 2004 8:00 am Secretary of State DOCUMENT # P01000077290 02-23-2004 90063 013 ***150 00 **GRAHAM REALTY & MORTGAGE COMPANY** Principal Place of Business Mailing Address 5361-5TH-STREET-5361 5TH STREET ST. AUGUSTINE FL 32080 ST. AUGUSTINE FL 32080 94019288 Principal Place of Busines 3. Mailing Address 500 TURNBERRY 500 CR2E034 (11/03) 4. FEI Number Applied For 59-3737665 Not Applicable \$8.75 Additional 5. Certificate of Status Desired usit Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SOUTHWEST 22 STREET 4TH FLOOR **MIAMI FL 33145** 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 _9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition GRAHAM, QUINCY K NAME NAME STREET ADDRESS 5361 5TH STREET STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32080 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition GRAHAM, QUINCY K NAME NAME 5361-5TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32080 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 is changed, or on an attachment with an address, with all other like emptweled. Florida Statutes; and that my name appears in Block 10 or Block 11 if