

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 29, 2004 8:00 am
Secretary of State

02-25-2004 90010 014 ****50.00
03-29-2004 90067 023 ***100.00

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(P01000088251P)

01282004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000088251			
1. Entity Name SHARI T. GRAHAM, P.A.			
Principal Place of Business 34241 DAYBREAK DR. CALLAHAN, FL 32011		Mailing Address 34241 DAYBREAK DR. CALLAHAN, FL 32011	
2. Principal Place of Business 5337 Robinwood Cir		3. Mailing Address PO Box 1694	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Callahan FL 3		City & State Callahan FL	
Zip 32011		Zip 32011	
Country USA		Country USA	
4. FEI Number 02-0532421		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent GRAHAM, SHARI T 11067 DAYBREAK DR CALLAHAN, FL 32011		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5337 Robinwood Cir City Callahan FL Zip Code 32011	
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: <u>Shari T Graham</u> DATE: <u>1/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, SHARI T 11067 DAYBREAK DR CALLAHAN, FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 1694 Callahan FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Shari T Graham</u>		DATE: <u>1/30/04</u> 7542782	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	