## 2006 FOR PROFIT CORPORATION

## **FILED** Feb 23, 2006 08:00 AM

ANNUAL REPORT			Secretary of State		
DOCUMENT # P02000082682 1. Entity Name CATHLEEN J. GRAHAM, INC.	2			Secre	iary of State
			}		
	iling Address				
	157 VIKING COURT NPE CORAL, FL 33904				
			COMMITTEE A	T CENE MEN BENT CENT CEN	II AAKA IAKKA KAKA AKKA KAKA IIASAA II OOK
			01302006	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPA		CE	4. FEI Numb		Applied For
			52-237		Not Applicable
·			5. Certificate	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Regist	ered Agent		·		
GRAHAM, CATHLEEN JANE			חת	NOT W	PITE
1457 VIKING COURT CAPE CORAL, FL 33904					· · · · · · · · · · · · · · · · · ·
· ·		{	111	THIS SP	ACE
The above named entity submits this statement for the properties of the obligations of registered agent.	urpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE (AGULLOW)	Ellen			4 R	106
	appricable (NOTE: Registere	ad Agent signature required	i when reinstating)		OATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	<ol> <li>Election Cámpaign Final Trust Fund Contribution.</li> </ol>		.00 May Be led to Fees	99,406,406	0444076 -80036-025 150.00
10. OFFICERS AND DIRECT PVD	TORS	-		•	V
ITILE PVD NAME GRAHAM, CATHLEEN J					
STREET ADDRESS 1457 VIKING COURT  CITY-ST-2IP CAPE CORAL FL 33904				•	
INLE		_			
NAME					
STREET ADDRESS CITY-ST-ZIP	•				
MRE		=			
NAME STREET ADDRESS					
City-S1-ZiP			DO	NOT W	RITE
1075			IN '	THIS SF	PACE
STREET ADDRESS			** *		
CITY-ST-ZIP		_			
TITLE NAME					
STREET ADDRESS					
CITY-ST-ZIP		_			
TITLE					

12. I hereby certify that the information supplied with this filling 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 of 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 life empowered.

SIGNATURE:

\*\*CORMAND\*\*

\*\*CORMA

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP