

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 10 PM 4:17

DOCUMENT # P03000029584

1. Entity Name
GRAHAM HURST CORP.



Principal Place of Business
5754 WILLOW LN
CALLAHAN, FL 32011

Mailing Address
5754 WILLOW LN
CALLAHAN, FL 32011

REINSTATEMENT 05



05162005 REIN-P CR2E098 (6/04)

2. Principal Place of Business
451 Monument Rd
Suite, Apt. #, etc.
619

3. Mailing Address
451 Monument Rd
Suite, Apt. #, etc.
619

City & State
Jacksonville FL
Zip
32225 Country
USA

City & State
Jacksonville FL
Zip
32225 Country
USA

4. FEI Number
86-1051862

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, JAMES L
5754 WILLOW LN
CALLAHAN, FL 32011

7. Name and Address of New Registered Agent

Name
College, Tax & Retirement Strategies LLC
Street Address (P.O. Box Number is Not Acceptable)
3119 Spring Glen Rd.
Suite 111
City
Jacksonville FL Zip Code
32207

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

L V Young

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/07/05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRAHAM, JAMES L
5754 WILLOW LN
CALLAHAN, FL 32011 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HURST, JAMES M
3064 COBBLEWOOD LN W
JACKSONVILLE, FL 32225 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
HURST, James M ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500061343035
11/10/05--01037--010 **300.00 ☐ Change ☐ Addition

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

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

James Hurst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-7-05

Date

904-333-9926

Daytime Phone #