## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000145782

FILED Jan 05, 2005 Secretary of State

Entity Name: CANDY GRAHAM'S ACCOUNTING & TAX SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

841 SEVEN GABLES CIRCLE SE PALM BAY, FL 32909

**Current Mailing Address: New Mailing Address:** 

841 SEVEN GABLES CIRCLE SE PALM BAY, FL 32909

FEI Number: 32-0101255 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAHAM, CALVITA GRAHAM, CALVITA CANDY 841 SEVÉN GABLES CIRCLE SE 841 SEVEN GABLES CIRCLE SE PALM BAY, FL 32909 PALM BAY, FL 32909

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.

SIGNATURE: CALVITA CANDY GRAHAM 01/05/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PALM BAY, FL 32909 US

Title: ( ) Delete Title: (X) Change ( ) Addition CALVITA, GRAHAM, CALVITA CANDY Name: Name: 841 SEVEN GABLES CIRCLE SE 841 SEVEN GABLES CIRCLE SE Address: Address:

City-St-Zip: PALM BAY, FL 32909 City-St-Zip: PALM BAY, FL 32909 US

( ) Delete Title: Title: VD (X) Change ( ) Addition Name: GRAHAM, JESSE JR. Name: GRAHAM, JESSE JR.

841 SEVEN GABLES CIRCLE SE 841 SEVEN GABLES CIRCLE SE Address: Address: PALM BAY, FL 32909 PALM BAY, FL 32909 US City-St-Zip: City-St-Zip:

Title: Title: () Delete SD ( ) Change (X) Addition Name: MCGARRAH, DOMINIQUE Name: 841 SEVEN GABLES CIRCLE SE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CALVITA GRAHAM PT 01/05/2005