


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90204 049 ***150.00

DOCUMENT # P03000153056	
1. Entity Name MIKE MCGRAW, P.A.	

Principal Place of Business 2013 PALM VISTA DR APOPKA, FL 32712	Mailing Address 2709 OAK DR APOPKA, FL 32703
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20008826

2. Principal Place of Business - No P.O. Box # <i>SAME</i>	3. Mailing Address <i>2013 PALM VISTA DR</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03152007 Chg-P CR2E034 (12/06)

City & State <i>APOPKA FL</i>	City & State <i>FL</i>
Zip <i>32712</i>	Country <i>USA</i>

4. FEI Number 88-0519266	Applied For Not Applicable
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6. Name and Address of Current Registered Agent MCGRAW, MIKE 2013 PALM VISTA DRIVE MELBOURNE, FL 32912 <i>APOPKA, FL 32712</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2013 PALM VISTA DR</i> City <i>APOPKA</i> FL Zip Code <i>32712</i>
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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]* DATE: *4/16/07*

Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D MCGRAW, GEORGE M 2709 OAK DR APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 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: *[Signature]* DATE: *4/16/07* 407-388-4823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR