2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000067050

1. Entity Name

THE GRAHAM CRACKER COLLECTION, INC.



Jan 14, 2008 08:00 AI **Secretary of State**

FILED

Principal Place of Business

1730 SHADOWOOD LANE SUITE 320 JACKSONVILLE, FL 32207

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DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01042008

Applied For 4. FEI Number 20-1068233 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

VAINE, JOSEPH T 7541 HOLIDAY RD SOUTH JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

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

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000780958 01/15/08-80016-004 150.0

OFFICERS AND DIRECTORS 10. DPST TITLE VAINE, JANICE D NAME STREET ADDRESS 1730 SHADOWOOD LANE SUITE 320 JACKSONVILLE, FL 32207 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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 introduced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNING OFFICER OR DIRECTO

904-396-6990