


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90049 042 \*\*\*150.00

<b>DOCUMENT # P04000076247</b>					
1. Entity Name <b>KENNETH GRAZIOSO PA</b>					
Principal Place of Business <b>80 SURFVIEW DR SUITE 510 PALM COAST, FL 32137</b>			Mailing Address <b>80 SURFVIEW DR SUITE 510 PALM COAST, FL 32137</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, MELODY 80 SURFVIEW DR SUITE 510 PALM COAST, FL 32137</b>				7. Name and Address of New Registered Agent  Name <u>Williams, Melody</u> Street Address (P.O. Box Number is Not Acceptable) <u>80 SURFVIEW Drive</u> <u>Suite # 515</u> City <u>Palm Coast</u> FL Zip Code <u>32137</u>	
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 <u>Melody Williams</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/10/05</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, MELODY <u>President</u> <input type="checkbox"/> Delete <u>80 SURFVIEW DR SUITE 510</u> <u>60 SURFVIEW Dr</u> <u>PALM COAST, FL 32137</u> <u># 515</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <u>VP</u> GRAZIOSO, KENNETH <u>60 Surfview Dr.</u> <input type="checkbox"/> Delete <u>80 SURFVIEW DR SUITE 510</u> <u># 515</u> <u>PALM COAST, FL 32137</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>X Melody Williams</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>3/10/05</u> (904) 536-1200 Date Daytime Phone #		

66013691



03102005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1140839 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required