

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000105865

Entity Name: MAURICE GRAHAM, INC.

**FILED**  
**Jan 30, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

13741 BERMUDA CAY COURT  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551260  
JACKSONVILLE, FL 32255

**New Mailing Address:**

FEI Number: 20-1373429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD BLDG 100  
JACKSONVILLE, FL 32256 US

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

ANSBACHER & SCHNEIDER PA  
5150 BELFORT ROAD BLDG 100  
JACKSONVILLE, FL 32256 US

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: ANSBACHER & SCHNEIDER PA

01/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GRAHAM, JAMES M  
Address: 13741 BERMUDA CAY COURT  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JAMES M GRAHAM

D

01/30/2008

Electronic Signature of Signing Officer or Director

Date