# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 13, 2005**
**Secretary of State**

DOCUMENT# P04000167753

**Entity Name:** GRAHAM-MALONE, INC.

**Current Principal Place of Business:**

7645 GATE PARKWAY
106
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7645 GATE PARKWAY
106
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number: 34-2028152** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

MALONE, JAMES A III
7645 GATE PARKWAY
106
JACKSONVILLE, FL 32256 US

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

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: _____

Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | GRAHAM, MICHAEL W | |
| Address: | 7645 GATE PARKWAY, SUITE 106 | |
| City-St-Zip: | JACKSONVILLE,, FL 32256 | |
| Title: | VP | ( ) Delete |
| Name: | MALONE, JAMES A III | |
| Address: | 7645 GATE PARKWAY, SUITE 106 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |
| Title: | T | ( ) Delete |
| Name: | GRAHAM, MICHAEL W | |
| Address: | 7645 GATE PARKWAY, SUITE 106 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |
| Title: | S | ( ) Delete |
| Name: | MALONE, JAMES A III | |
| Address: | 7645 GATE PARKWAY, SUITE 106 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |
| Title: | AS | ( ) Delete |
| Name: | GRAHAM, MICHAEL W | |
| Address: | 7645 GATE PARKWAY, SUITE 106 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |
| Title: | AT | ( ) Delete |
| Name: | MALONE, JAMES A III | |
| Address: | 7645 GATE PARKWAY, SUITE 106 | |
| City-St-Zip: | JACKSONVILLE, FL 32256 | |

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

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

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.

SIGNATURE: MICHAEL W. GRAHAM VP 05/13/2005

Electronic Signature of Signing Officer or Director — Date