## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000167753

Entity Name: GRAHAM-MALONE, INC.

FILED Feb 08, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7645 GATE PARKWAY 107

JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

7645 GATE PARKWAY 107 JACKSONVILLE, FL 32256

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

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

MALONE, JAMES A III 7645 GATE PARKWAY 107

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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: GRAHAM, MICHAEL W

Address: 7645 GATE PARKWAY, SUITE 107 City-St-Zip: JACKSONVILLE, FL 32256

Title: VP

Name: MALONE, JAMES A III

Address: 7645 GATE PARKWAY, SUITE 107 City-St-Zip: JACKSONVILLE, FL 32256

Title: T

Name: GRAHAM, MICHAEL W

Address: 7645 GATE PARKWAY, SUITE 107 City-St-Zip: JACKSONVILLE, FL 32256

Title: S

Name: MALONE, JAMES A III

Address: 7645 GATE PARKWAY, SUITE 107 City-St-Zip: JACKSONVILLE, FL 32256

Title: AS

Name: GRAHAM, MICHAEL W

Address: 7645 GATE PARKWAY, SUITE 107 City-St-Zip: JACKSONVILLE, FL 32256

Title: AT

Name: MALONE, JAMES A III

Address: 7645 GATE PARKWAY, SUITE 107 City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL W. GRAHAM P 02/08/2012