2006 FOR PROFIT CORPORATION

09-03-2006 90024 047 ***150.00 FILED P05000108359

ANNUAL REPORT DOCUMENT # P05000108359 06 OCT -5 PM 3: 34 1. Entity Name JAMÉS O GRAHAM, P.A. SECKETANT OF STATE TALLAHASSEE, FLORIDA PHA 2090A Principal Place of Business Mailing Address 5657 WHISPERWOOD BLVD 5657 WHISPERWOOD BLVD #202 #202 NAPLES, FL 34110 NAPLES, FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 08082006 CR2E034 (11/05) Chg-P City & State 4. FEI Numbe Applied For City & State Not Applicable Ziρ Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAHAM, JAMES O Street Address (P.O. Box Number is Not Acceptable) 5657 WHISPERWOOD BLVD #202 NAPLES, FL 34110 City Zip Code FL 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 Signature, typed or privad name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Deleta TITLE TITLE GRAHAM, JAMES O NAME NAME Yaradie Corela 5657 WHISPERWOOD BLVD #202 STREET ADDRESS STREET ADDRESS NAPLES, FL 34110 COY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MAAAF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILE Delate TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete IIILE ☐ Change ☐ Addition TITLE MARIE NUKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .

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 empowered.

SIGNATURE

BLE AND TYPED OR FRUITED NAME OF BIGHING OFFICER OR DIRECTOR

8/28/06 239-593-8009

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P05000108359 06 OCT -5 AM 7: 48 1. Entity Name JAMÉS O GRAHAM, P.A. LICHETARY OF STATE LLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5657 WHISPERWOOD BLVD S657 WHISPERWOOD BLVD 5886 PARMOUSE ## #200 NAPLES, FL 34110 NAPLES, FL 34110 CIR 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08082006 Cha-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For 16-0798175 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAHAM, JAMES O Street Address (P.O. Box Number is Not Acceptable) 5057 WHISPERWOOD BLVD 5886 PARADISE CIR NAPLES, FL 34110 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 5886 PARADISE CIR Delete TITLE TITLE Change Addition GRAHAM, JAMES O NAME 5886 Paradise Circle STREET ADDRESS 5057 WHISPERWOOD BLVD #202 STREET ADDRESS NAPLES, FL 34110 CITY-ST-ZIP CITY-ST-ZIP FL 34110 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DILLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIFLE TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 cert, 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 chapter 30, or on an agrachment with an address, with all other like empowered. 8/28/06 239-593-8009 **SIGNATURE** SIGNA DIRE AND TYPED OR FRINTED NAME OF BIGNING OFFICER OR DIRECTOR

9/5/2006-90024-047-\$150.00-\$150.00



September 7, 2006

JAMES O GRAHAM, P.A. 5657 WHISPERWOOD BLVD #202 NAPLES, FL 34110

Subject: JAMES O GRAHAM, P.A.

Reference Number:

P05000108359

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

800- 829-4933

/JE ANNUAL REPORTS SECTION