

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000000401

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: GRAVES, HILL & COLTON, PROFESSIONAL ASSOCIATION

## Current Principal Place of Business:

1446 19TH PLACE  
SUITE 200  
VERO BEACH, FL 32960 US

## New Principal Place of Business:

## Current Mailing Address:

1446 19TH PLACE  
SUITE 200  
VERO BEACH, FL 32960 US

## New Mailing Address:

FEI Number: 11-3765987      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAVES, ALICE J  
1446 19TH PLACE  
SUITE 200  
VERO BEACH, FL 32960 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HILL, KATHRYN  
Address: 670 23RD AVENUE  
City-St-Zip: VERO BEACH, FL 32962 US

Title: VP ( ) Delete  
Name: GRAVES, ALICE J  
Address: 1836 21ST AVENUE  
City-St-Zip: VERO BEACH, FL 32960 US

Title: SEC ( ) Delete  
Name: COLTON, PAIGE K  
Address: 1259 SCARLET OAK CIRCLE  
City-St-Zip: VERO BEACH, FL 32968 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change ( ) Addition  
Name: COLTON, PAIGE K  
Address: 385 32ND AVENUE SW  
City-St-Zip: VERO BEACH, FL 32968 US

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: ALICE J GRAVES

VP

03/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date