

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90257 005 \*\*\*150.00

DOCUMENT # P06000119315

1. Entity Name  
REBECCA A. GRAHAM, P.A.



Principal Place of Business

Mailing Address

~~2329 SUNSET POINT ROAD, SUITE 204~~ *29605 U.S. 19 No. 2329 SUNSET POINT ROAD, SUITE 204*  
CLEARWATER, FL 33765 US  
*33761*

*Same as Principal Place of Business 40071114*



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-5799200

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, REBECCA A  
~~2329 SUNSET POINT ROAD, SUITE 204~~ *29605 U.S. 19 No. Suite 140*  
CLEARWATER, FL 33765  
*33761*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *PRESIDENT* ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *PRESIDENT* ☐ Change ☒ Addition  
NAME *REBECCA A GRAHAM*  
STREET ADDRESS *1719 TALL PINE CIRCLE*  
CITY-ST-ZIP *SAFETY HARBOR, FL 34695*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Rebecca A. Graham* Rebecca A. Graham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07

Date

727-781-1300

Daytime Phone #