


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P06000119315**

1. Entry Name  
**REBECCA A. GRAHAM, P.A.**



Principal Place of Business 29605 U.S. 19 NO. SUITE 140 CLEARWATER, FL 33761 US	Mailing Address 29605 U.S. 19 NO. SUITE 140 CLEARWATER, FL 33761 US
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04122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

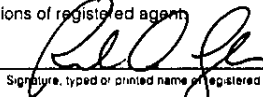
4. FEI Number 20-5799200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, REBECCA A  
 29605 U.S. 19 NO.  
 SUITE 140  
 CLEARWATER, FL 33761

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 4/15/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000911870  
 05/07/08-80058-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, REBECCA A 1719 TALL PINE CIRCLE SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 4/15/08 DAYTIME PHONE #: 727-781-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR