

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000007664

Entity Name: MARK J. GRAEVE, INC.

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

461 17 STREET S.W.  
NAPLES, FL 34117

**New Principal Place of Business:**

**Current Mailing Address:**

461 17 STREET S.W.  
NAPLES, FL 34117

**New Mailing Address:**

FEI Number: 76-0849996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

QUINN, JEFFREY C  
307 AIRPORT ROAD NORTH  
NAPLES, FL 33942 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  
Name: GRAEVE, THEODORE H JR.  
Address: 461 17TH STREET, SW  
City-St-Zip: NAPLES, FL 34117

Title: VP  
Name: GRAEVE, MARK J  
Address: 461 17TH STREET, SW  
City-St-Zip: NAPLES, FL 34117

Title: ST  
Name: GRAEVE, JOANNE C  
Address: 461 17TH STREET, SW  
City-St-Zip: NAPLES, FL 34117

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: MARK J GRAEVE

VP

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date