

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000058010

FILED  
May 12, 2010  
Secretary of State

**Entity Name:** GRAHAM INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

11420 US HWY ONE  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

11420 US HWY ONE  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 27-0424475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAHAM, DAVID A  
11420 US HWY ONE  
NORTH PALM BEACH, FL 33408 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GRAHAM, DAVID A  
Address: 11420 US HWY ONE  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: CFO  
Name: GIBSON, RACHEL L  
Address: 11420 US HWY ONE  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: DAVID A GRAHAM

PRES

05/12/2010

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

\_\_\_\_\_ Date