


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90044 004 \*\*\*150.00

**DOCUMENT # P93000001875**

1. Entity Name  
 GRAHAM, COTTRILL, JACKSON, BATTS & HOSTETTER,  
 P.A.



Principal Place of Business      Mailing Address  
 110 E HILLCREST ST      110 E HILLCREST ST  
 ORLANDO, FL 32801 US      ORLANDO, FL 32801 US

94022247

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02242004 Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3151882      Not Applicable

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
BATTS, MICHAEL E 110 E HILLCREST ORLANDO, FL 32801	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D	BUWALDA, BRIAN P 110 E HILLCREST ST ORLANDO, FL 32801	TITLE Director	Steven K Yeager 110 E Hillcrest ST Orlando FL 32801
TITLE DT	COTTRILL, CHRISTOPHER L. 110 E HILLCREST ST ORLANDO, FL 32801	TITLE	
TITLE D	JACKSON, H C 110 E HILLCREST ST ORLANDO, FL 32801	TITLE	
TITLE DP	BATTS, MICHAEL E 110 E HILLCREST ST ORLANDO, FL 32801	TITLE	
TITLE DV	HOSTETTER, H B 110 E HILLCREST ST ORLANDO, FL 32801	TITLE	
TITLE DS	DURANCEAU, BONNIE 110 E HILLCREST ST ORLANDO, FL 32801	TITLE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bonnie B. Duranceau      Date: 2-26-04      Daytime Phone #: 407-843-1681  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR