

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000048712

Entity Name: PHYLLIS J. GRAVES, P.A.

FILED
Mar 28, 2008
Secretary of State

Current Principal Place of Business:

13800 PARK BLVD
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

13800 PARK BLVD
SEMINOLE, FL 33776 US

New Mailing Address:

FEI Number: 59-3195699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVES, M. JEFFREY
13800 PARK BLVD
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

SILVERS, SHARON
13800 PARK BLVD
SEMINOLE, FL 33776 US

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: SHARON SILVERS

03/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAVES, PHYLLIS
Address: 13800 PARK BLVD
City-St-Zip: SEMINOLE, FL 33776

Title: S/T (X) Delete
Name: GRAVES, M. JEFFREY
Address: 13800 PARK BLVD.
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRAVES, PHYLLIS J
Address: 13800 PARK BLVD
City-St-Zip: SEMINOLE, FL 33776

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHYLLIS GRAVES

PDS

03/28/2008

Electronic Signature of Signing Officer or Director

Date