

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080539

FILED  
Jan 25, 2005  
Secretary of State

Entity Name: GRAHAM MANAGEMENT CORPORATION

## Current Principal Place of Business:

787 FRIENDSHIP RD  
WALDOBORO, ME 04572 US

## New Principal Place of Business:

## Current Mailing Address:

2216 RIVIERA DRIVE  
SARASOTA, FL 34232

## New Mailing Address:

FEI Number: 65-0528541      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GETZEN, LINDA R  
200 S ORANGE AVE.  
SARASOTA, FL 34236 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: D (X) Delete  
Name: GRAHAM, OTTO  
Address: 2216 RIVIERA DR.  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete  
Name: GRAHAM, BEVERLY  
Address: 2216 RIVIERA DR.  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete  
Name: GRAHAM, DUANE C  
Address: 787 FRIENDSHIP RD  
City-St-Zip: WALDOBORO, ME 04572

Title: D ( ) Delete  
Name: GRAHAM, DAVID M.  
Address: 501 PARK ST. N.  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: VAN NAME, SANDRA L  
Address: 2241 BENEVA TERRACE  
City-St-Zip: SARASOTA, FL 34232

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DUANE C. GRAHAM

PRES

01/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date