

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080539

FILED
Jan 17, 2008
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 () 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: D (X) Change () Addition
Name: GRAHAM, DAVID M.
Address: 65-1692 KOHALA MOUNTAIN RD.
City-St-Zip: KAMUELA, HI 96743

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: DUANE C. GRAHAM

PRES

01/17/2008

Electronic Signature of Signing Officer or Director

Date