

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000006185

1. Entity Name
JERRY K. GRAHAM, INC.



Principal Place of Business
7728 THORNLEE R
LAKE WORTH, FL 33467 US

Mailing Address
7728 THORNLEE DR
LAKE WORTH, FL 33467 US

FILED
Feb 25, 2004 08:00 AM
Secretary of State



01222004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0557022

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, JERRY K
190 LAKE ARBOR DRIVE
PALM SPRINGS, FL 33461

**DO NOT WRITE
IN THIS SPACE**

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 Jerry K Graham Jerry K Graham owner President 2-19-04
Signature, typed and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000065646
02/25/04-80046-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, JERRY K 190 LAKE ARBOR DRIVE PALM SPRINGS, FL 33461
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IN THIS SPACE**

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: Jerry K Graham 2-19-04 561 642 3329
SIGNATURE AND TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #