

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000027437

1. Entry Name
GRAHAM GROVES, INC.



Principal Place of Business 2701 OKEECHOBEE BLVD SUITE 200 WEST PALM BEACH, FL 33409 US	Mailing Address 2701 OKEECHOBEE BLVD SUITE 200 WEST PALM BEACH, FL 33409 US
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0586122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIG, STEVEN L
 2701 OKEECHOBEE BLVD
 SUITE 200
 WEST PALM BEACH, FL 33409

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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 _____
Signature, typed or 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAIG, STEVEN 2701 OKEECHOBEE BLVD SUITE 200 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BISHOP, M. LYNWOOD 2701 OKEECHOBEE BLVD #200 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/13/04-80050-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.

SIGNATURE: _____ *[Signature]* 1/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #