


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000007629 1. Entity Name ROY GRAHAM OF SOUTHWEST FLORIDA, INC.	
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Principal Place of Business 1405 CURLEW AVENUE #4 NAPLES, FL 34102	Mailing Address 1405 CURLEW AVENUE #4 NAPLES, FL 34102
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03102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0640376	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

GRAHAM, ROY  
1405 CURLEW AVENUE #4  
NAPLES, FL 33962

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

U00000133769  
04/27/04-80101-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT GRAHAM, ROY 1405 CURLEW AVENUE #4 NAPLES, FL 33962
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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)(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: Roy E. Graham **ROY E. GRAHAM** 4-24-04 239-777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #  
 2736