


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90014 040 ***150.00

DOCUMENT # 996000007629
1. Entity Name
ROY GRAHAM OF SW F2, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1405 CURLEW AVE</u> Suite, Apt. #, etc. <u>4</u>		3. Mailing Address <u>1405 CURLEW AVE</u> Suite, Apt. #, etc. <u>4</u>	
City & State <u>NAPLES, FL</u>		City & State <u>NAPLES, FL</u>	
Zip <u>34102</u>	Country <u>COLLIER</u>	Zip <u>34102</u>	Country <u>COLLIER</u>

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4. FEI Number <u>65-0640376</u>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT ROY E GRAHAM 1405 CURLEW AVE #4 NAPLES, FL 34102</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: Roy E Graham 5-26-05 1-239-777-2736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034B (12/02)