

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90048 004 \*\*\*150.00

**DOCUMENT # P96000038320**

1. Entity Name  
**GRAHAM SYSTEMS, INC.**



Principal Place of Business  
**4590 SYCAMORE DRIVE  
NAPLES, FL 34109**

Mailing Address  
**4590 SYCAMORE DRIVE  
NAPLES, FL 34109**

24017447

2. Principal Place of Business  
**4950 Sycamore Drive**

3. Mailing Address  
**4950 Sycamore Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-0662424**

Applied For  
Not Applicable

Zip  
**34119**

Country

Zip  
**34119**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GINSBERG, GRAHAM P  
4950 SYCAMORE DRIVE  
NAPLES, FL 34109**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code  
**34119**

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

2 Mar 04

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GINSBERG, GRAHAM P  
4950 SYCAMORE DRIVE  
NAPLES, FL 34109**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**34119**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 Mar 04