


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

01-09-2004 90066 025 \*\*\*150.00

<b>DOCUMENT # P97000007572</b>					
<b>1. Entity Name</b> LAW OFFICES OF JOHN P. GRAVES, JR., CHARTERED					
<b>Principal Place of Business</b> 200 S WASHINGTON BLVD. SEVEN SARASOTA, FL 34236 US		<b>Mailing Address</b> 200 S WASHINGTON BLVD. SEVEN SARASOTA, FL 34236 US			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc. City & State Zip      Country		<b>3. Mailing Address</b>  Suite, Apt. #, etc. City & State Zip      Country			
<b>4. FEI Number</b> 65-0726141		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  GRAVES, JOHN P JR 770 S PALM AVE APT 204 SARASOTA, FL 34236			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>8.</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GRAVES, JOHN P JR 200 S WASHINGTON BLVD SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STEPHEN, MICHELE S 200 S WASHINGTON BLVD SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>12.</b> 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.					
<b>SIGNATURE:</b> _____		1-6-04		941 953 6720	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	