

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075374

Entity Name: GRAHAM HANOVER, INC.

FILED  
Feb 03, 2004  
Secretary of State

**Current Principal Place of Business:**

19 SOUTHERN CROSS CIRCLE  
SUITE 104  
BOYNTON BEACH, FL 33436 US

**New Principal Place of Business:**

**Current Mailing Address:**

19 SOUTHERN CROSS CIRCLE  
SUITE 104  
BOYNTON BEACH, FL 33436 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VOCHE, THEROL  
19 SOUTHERN CROSS CIRCLE S  
#104  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VOCE, PAUL  
Address: 19 SOUTHERN CROSS CIRCLE STE 104  
City-St-Zip: BOCA RATON, FL 33434

Title: ST ( ) Delete  
Name: VOCHE, KAREN  
Address: 19 SOUTHERN CROSS CIRCLE STE 104  
City-St-Zip: BOYNTON BEACH, FL 33404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/CE (X) Change ( ) Addition  
Name: VOCHE, THEROL E  
Address: 19 SOUTHERN CROSS CIRCLE STE 104  
City-St-Zip: BOCA RATON, FL 33434

Title: ST (X) Change ( ) Addition  
Name: VOCHE, KAREN  
Address: 19 SOUTHERN CROSS CIRCLE STE 104  
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEROL VOCHE

P/CE

02/03/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date