## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P98000032812**

1. Entity Name TED P. GRAHAM, INC.



Mailing Address

16060 E. HIALEAH DRIVE LOXAHATCHEE, FL 33470

Principal Place of Business

16060 E. HIALEAH DRIVE LOXAHATCHEE, FL 33470

## **FILED** Apr 15, 2004 08:00 AM Secretary of State



03312004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0826236

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name and Address	of Current Registered Agen	Ì

GRAHAM, TED P 16060 E HIALEAH DR LOXAHBTCHEE, FL 33470		IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	t
SIGNATURE_	Signature, typed or printed name of registered agent and little	if applicable. (NOTE Registered Agent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  -  -  -  -  -  -  -  -  -  -  -  -  -	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, TED P 16060 E. HIALEAH DRIVE LOXAHATCHEE, FL 33470	<u> · · · · · · · · · · · · · · · · · · </u>		000000114799 04/15/04-30066-008 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			reresult to the con-		

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:

TITLE NAME STREET ADDRESS CITY-ST-7IP