

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S44038

1. Entity Name

GRAHAM ENTERPRISES & DEVELOPMENT, INC.



Principal Place of Business

365 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

Mailing Address

365 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

FILED

05 MAR 25 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03222005 No Chg-P CR2E034 (10/03)

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4. FEI Number

59-3138837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOVETT, W. THOMAS
811 N. MAGNOLIA AVENUE
ORLANDO, FL 32803-3868

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRAHAM, BARRY M.
STREET ADDRESS	365 WEKIVA SPRINGS ROAD
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	ST
NAME	GRAHAM, BARRY M.
STREET ADDRESS	365 WEKIVA SPRINGS ROAD
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	GRAHAM, MARCETTA
STREET ADDRESS	365 WEKIVA SPRINGS RD.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100049888521
04/05/05--01018--015 **300.00

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IN THIS SPACE**

Handwritten signature/initials

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

3-22-05

Date

Daytime Phone #