## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44038

FILED May 01, 2006 Secretary of State

Entity Name: GRAHAM ENTERPRISES & DEVELOPMENT, INC.

**Current Principal Place of Business:** New Principal Place of Business:

365 WEKIVA SPRINGS ROAD 365 WEKIVA SPRINGS ROAD LONGWOOD, FL 32779

STE 101 A

LONGWOOD, FL 32779

**Current Mailing Address:** New Mailing Address:

365 WEKIVA SPRINGS ROAD 365 WEKIVA SPRINGS ROAD LONGWOOD, FL 32779

STE 101 A

LONGWOOD, FL 32779

FEI Number: 59-3138837 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LOVETT, W. THOMAS GREAHAM, BARRY 811 N. MAGNOLIA AVENUE 365 WEKIVA SPRINGS RD ORLANDO, FL 328033868 US STE 101 A LONGWOOD, FL FL US

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: BARRY GRAHAM 05/01/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete GRAHAM, BARRY M GRAHAM, BARRY M Name:

Name: 365 WEKIVA SPRINGS ROAD Address: 365 WEKIVA SPRINGS ROAD #101 A Address:

City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

Title: Title: (X) Change ( ) Addition () Delete

Name: GRAHAM, BARRY M Name: GRAHAM, MITZI

365 WEKIVA SPRINGS ROAD 365 WEKIVA SPRINGS ROAD #101 A Address: Address: LONGWOOD, FL 32779

LONGWOOD, FL 32779 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition ( ) Delete GRAHAM, MARCETTA Name: GRAHAM, MARCETTA Name:

365 WEKIVA SPRINGS RD. 365 WEKIVA SPRINGS RD. # 101 A Address: Address:

City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Ρ SIGNATURE: BARRY GRAHAM 05/01/2006