

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44038

FILED
Mar 02, 2009
Secretary of State

Entity Name: GRAHAM ENTERPRISES & DEVELOPMENT, INC.

Current Principal Place of Business:

365 WEKIVA SPRINGS ROAD
STE 101 A
LONGWOOD, FL 32779

New Principal Place of Business:

365 WEKIVA SPRINGS ROAD
SUITE 101 A
LONGWOOD, FL 32779

Current Mailing Address:

365 WEKIVA SPRINGS ROAD
STE 101 A
LONGWOOD, FL 32779

New Mailing Address:

365 WEKIVA SPRINGS ROAD
SUITE 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 Current Registered Agent:

GRAHAM, BARRY
365 WEKIVA SPRINGS RD
STE 101 A
LONGWOOD, FL FL US

Name and Address of New Registered Agent:

GRAHAM, BARRY
365 WEKIVA SPRINGS RD
SUITE101 A
LONGWOOD, FL 32779 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:

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRAHAM, BARRY M
Address: 365 WEKIVA SPRINGS ROAD #101 A
City-St-Zip: LONGWOOD, FL 32779

Title: S () Delete
Name: GRAHAM, MITZI
Address: 365 WEKIVA SPRINGS ROAD #101 A
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Delete
Name: GRAHAM, MARCETTA
Address: 365 WEKIVA SPRINGS RD. # 101 A
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MITZI GRAHAM

S

03/02/2009

Electronic Signature of Signing Officer or Director

Date