

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S91785**

1. Entity Name

**GRAHAM'S JANITORIAL, INC.**



Principal Place of Business

**12415 ASTER AVE  
BRADENTON, FL 34212**

Mailing Address

**PO BOX 21123  
BRADENTON, FL 34204**

**DO NOT WRITE IN THIS SPACE**



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-0296657**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GRAHAM, LINDA L.  
12415 ASTER AVE  
BRADENTON, FL 34212**

**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 re-registering)

U000000525749

05/04/06 88046 006 150.00

**FILE NOW!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

GRAHAM, LINDA L

12415 ASTER AVE

BRADENTON, FL 34212

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

GRAHAM, HENRY J

12415 ASTER AVE

BRADENTON, FL 34212

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*apt State*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

*Amber Lee Khan* 4-21-06 941-753-7412