


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90083 039 \*\*\*150.00


<b>DOCUMENT # V07469</b>	
1. Entity Name <b>R.B. GRAVES &amp; SON, INC.</b>	

Principal Place of Business <b>5850 OKEECHOBEE BLVD. WEST PALM BEACH FL 33417</b>	Mailing Address <b>5850 OKEECHOBEE BLVD. WEST PALM BEACH FL 33417</b>
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2. Principal Place of Business <b>5850 Okeechobee Blvd</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>W.P.B. FL</b>	City & State
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Zip <b>33417</b>	Country	Zip	Country
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MOORE	CR2E034 (11/03)
4. FEI Number <b>65-0306028</b>	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent <b>GRAVES, ROBERT E 5850 OKEECHOBEE BLVD. WEST PALM BEACH FL 33417</b>	
7. Name and Address of New Registered Agent Name <b>GRAVES Robert B</b> Street Address (P.O. Box Number is Not Acceptable) <b>5850 Okeechobee Blvd</b> City <b>W.P.B. FL</b> Zip Code <b>33417</b>	

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 *Robert B Graves* *Robert B Graves* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GRAVES, ROBERT B. 5850 OKEECHOBEE BLVD. WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert B Graves* *Robert B Graves* *Jan 28, 2004* *561 478-2011*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #