


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # V57695
 1. Entity Name
 ANDREW L. GRAHAM P.A.



| | |
|--|--|
| Principal Place of Business 1808 W. HILLS AVE TAMPA, FL 33606 US | Mailing Address 1808 W. HILLS AVE TAMPA, FL 33606 US |
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3139408 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GRAHAM, ANDREW L
 1808 W. HILLS AVENUE
 TAMPA, FL 33606

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

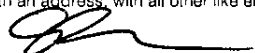
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 05/22/07 80049 014 150.00

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD GRAHAM, ANDREW L. 1808 W. HILLS AVE TAMPA, FL 33606 |
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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:  **4/28/07** **813-254534**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #