2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66991

Entity Name: DELL GRAHAM, P.A.

FILED Apr 16, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
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203 N.E. FIRST STREET GAINESVILLE, FL 32601

Current Mailing Address: New Mailing Address:

203 N.E. FIRST STREET GAINESVILLE, FL 32601

FEI Number: 59-3144033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOPLING, JOHN 203 N.E. 1ST STREET GAINESVILLE, FL 32601 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition JOPLING, JOHN D., JOPLING, JOHN D PRES Name: Name: 5323 NW 92 WAY 5323 NW 92 WAY Address: Address:

City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL

Title: () Delete Title: (X) Change () Addition SCHWAIT, CARL B., Name: Name: SCHWAIT, CARL B SEC 2221 NW 23 STR Address: 2221 NW 23 STR Address: GAINESVILLE, FL GAINESVILLE, FL

City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition GERSHOW, ELLEN R., Name: GERSHOW, ELLEN R V.PRES Name:

2215 NW 24TH AVE. 2215 NW 24TH AVE. Address: Address: City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN D. JOPLING **PRES** 04/16/2004