

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # V72044**

1. Entity Name  
J. STEVEN GRAVES, P.A.



Principal Place of Business  
3720 NW 43RD STREET  
SUITE 101  
GAINESVILLE, FL 32606

Mailing Address  
3720 NW 43RD STREET  
SUITE 101  
GAINESVILLE, FL 32606

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**



03042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3146992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GRAVES, J. STEVEN  
3720 N.W. 43RD STREET  
SUITE 101  
GAINESVILLE, FL 32606

**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 reinstating)

DATE

3/4/08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000848651  
03/20/08-80025-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GRAVES, J. STEVEN
STREET ADDRESS	3720 NW 43RD ST, SUITE 101
CITY-ST-ZIP	GAINESVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

3/4/08

Date

(352) 378-6917

Daytime Phone #