



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90023 008 ***150.00

DOCUMENT # 587159 1. Entity Name GRAHAMS' PLASTERING, INC.					
Principal Place of Business 1950 1ST AVENUE, NORTH SECOND FLOOR ST. PETERSBURG, FL 33713 US			Mailing Address P.O. BOX 10667 ST. PETERSBURG, FL 33733-0667 US		
2. Principal Place of Business - No P.O. Box 695 Central Ave Suite, Apt. #, etc. 150-11		3. Mailing Address P.O. Box 10667 Suite, Apt. #, etc.			
City & State St. Petersburg, FL.		City & State St. Petersburg, FL.		4. FEI Number 59-1861130	
Zip 33701		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAHAM, JONATHAN D. 1950 1ST AVENUE, NORTH SECOND FLOOR ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name JONATHAN D. GRAHAM Street Address (P.O. Box Number is Not Acceptable) 695 Central Ave Suite 150-11 City St. Petersburg FL Zip Code 33701	
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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, JONATHAN D 1950 1ST AVE. N. SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONATHAN D. GRAHAM 695 Central Ave Suite 150-11 St. Petersburg, FL 33701	<input checked="" 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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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
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 # _____					