

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 606453

1. Entity Name
GRAVES PLUMBING, INC.



Principal Place of Business _____ Mailing Address _____

15 SOUTH SEMINOLE AVENUE 15 SOUTH SEMINOLE AVENUE
FORT MEADE, FL 33841 FORT MEADE, FL 33841

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1908993 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAVES, CHARLES W
1865 MT PISGAH RD
FT. MEADE, FL 33841

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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, 2005 Fee will be \$550.00

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

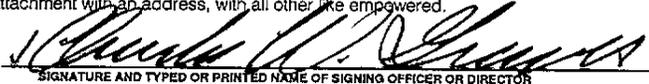
1100000280968
03/30/05-80039-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GRAVES, CHARLES W
STREET ADDRESS	1865 MT PISGAH RD
CITY - ST - ZIP	FT MEADE, FL 33841
TITLE	V
NAME	WANDREY, CORY A
STREET ADDRESS	814 S POPLAR AVE
CITY - ST - ZIP	FT MEADE, FL 33841
TITLE	S
NAME	GRAVES, BEVERLY W
STREET ADDRESS	1865 MT PISGAH RD
CITY - ST - ZIP	FT MEADE, FL 33841
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05 813-285-82165
Date Daytime Phone #