

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 606453

FILED  
Jan 13, 2011  
Secretary of State

Entity Name: GRAVES PLUMBING, INC.

**Current Principal Place of Business:**

15 SOUTH SEMINOLE AVENUE  
FORT MEADE, FL 33841

**New Principal Place of Business:**

**Current Mailing Address:**

15 SOUTH SEMINOLE AVENUE  
FORT MEADE, FL 33841

**New Mailing Address:**

FEI Number: 59-1908993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: GRAVES, CHARLES W  
Address: 1865 MT PISGAH RD  
City-St-Zip: FT MEADE, FL 33841

Title: V  
Name: WANDREY, CORY A  
Address: 814 S POPLAR AVE  
City-St-Zip: FT MEADE, FL 33841

Title: S  
Name: GRAVES, BEVERLY W  
Address: 1865 MT PISGAH RD  
City-St-Zip: FT MEADE, FL 33841

I hereby 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 all other like empowered.

SIGNATURE: CHARLES W. GRAVES

PTD

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date