## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 25, 2008 8:00 am Secretary of State 04-25-2008 90121 047 \*\*\*150.00

## DOCUMENT #F03000003214

1. Entity Name



GRAHAM CONSTRUCTION COMPANY (N.C.), INC.									
830 DOLLY STREET NW		Mailing Address PO DRAWER 347 CONCORD, NC 28026-0347		40081578					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04242008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Number 56-066				
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Addi	
	6. Name and Address of Current Re				7. Name and Address of New Registered Agent				
	ATION SERVICE COMPANY		Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)					
1201 HAYS STREET TALLAHASSEE, FL 32301		Sileet Address		udiess (i	.O. BOX NOMBI		······································		
	•		City				FL	Zip Code	,
The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.						th, in the State of F	lorida. I am fa	miliar with, a	and accept
SIGNATURE									
Signature, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Fill After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu			00 May Be ad to Fees				
10.	OFFICERS AND D	RECTORS	11.			CHANGES TO OF			IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT GRAHAM, F. DONALD 1143 ASHEFORD GREEN AVENU CONCORD, NC 28027	☐ Delete E	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	F. I	Oonald G	rd Green <i>i</i>		<b>⊠</b> Change	Addilion .
TITLE NAME	VCVP GRAHAM, MICHAEL D	Delete	TITLE NAME	Pres		ecretary/	Director	Change	Addition
STREET ADDRESS CITY-ST-ZIP	1217 12TH FAIRWAY DRIVE CONCORD, NC 28027		STREET ADDRESS CITY-ST-ZIP	1217		airway Dri	ive		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRAHAM, BETTY G 1143 ASHEFORD GREEN AVENU CONCORD, NC 28027	₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ceased	•		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Euge	Presidene B. J Water R			Change	K Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			2011 <del>-2</del> 1	, .,	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	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 appreciase, with all other like empowered.

SIGNATURE: 1

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Graham

04/24/08

Date

704/786-4181

Daytime Phone #