2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# F14140

Entity Name: ROBERT E. GRAVES, INC.

Current Principal Place of Business:

1216 STATEN AVE
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

1216 STATEN AVE
SPRING HILL, FL 34609 US

New Mailing Address:

FEI Number: 59-2047872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAVES, ROBERT E
1216 STATE N
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

GRAVES, ROBERT E
1216 STATEN AVE
SPRING HILL, FL 34609 US

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: _____ 01/10/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRAVES, ROBERT E,
Address: 1216 STATEN AVE
City-St-Zip: SPRING HILL FL,

Title: STD ( ) Delete
Name: GRAVES, LINDA D,
Address: 1216 STATEN AVE
City-St-Zip: SPRING HILL FL,

Title: V ( ) Delete
Name: GRAVES, LINDA D,
Address: 1216 STATEN AVE
City-St-Zip: SPRING HILL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GRAVES, ROBERT E,
Address: 1216 STATEN AVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: STD (X) Change ( ) Addition
Name: GRAVES, LINDA D,
Address: 1216 STATEN AVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: V (X) Change ( ) Addition
Name: GRAVES, LINDA D,
Address: 1216 STATEN AVE
City-St-Zip: SPRING HILL, FL 34609 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LINDA D. GRAVES STD 01/10/2005
Electronic Signature of Signing Officer or Director — Date