

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90319 003 ***150.00

DOCUMENT # P0000006322
 1. Entity Name
 GRAHAM CONSTRUCTION, INC.



Principal Place of Business: 17452 HWY 301, DADE CITY FL 33523
 Mailing Address: P.O. BOX 296, DADE CITY FL 33526

50039198



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: 34510 Mission Bell Lane
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Dade City, FL
 Zip: 33525
 Country: [Blank]

4. FEI Number: 31-1687793
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GRAHAM, PHILLIP V
 17452 HWY 301
 DADE CITY FL 33523

7. Name and Address of New Registered Agent
 Name: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): 34510 MISSION BELL LANE
 City: DADE CITY FL Zip Code: 33525

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GRAHAM, PHILLIP V	
STREET ADDRESS	17452 HWY 301	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GRAHAM, K SCOTT	
STREET ADDRESS	17452 HWY 301	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GRAHAM, KENNETH	
STREET ADDRESS	5372 CYBIL DR	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	34510 Mission Bell Lane	
CITY-ST-ZIP	Dade City FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Phillip Graham* PHILLIP GRAHAM 04.14.05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #