


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90113 001 ***300.00

DOCUMENT # P01000062022	
1. Entity Name DAVID GRAF CONSTRUCTION, INC.	

Principal Place of Business 15506 COUNTY LINE R SUITE 204 SPRING HILL, FL 34610	Mailing Address 15506 COUNTY LINE R SUITE 204 SPRING HILL, FL 34610
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2. Principal Place of Business - No P.O. Box # 7338 Pinehurst Dr.	3. Mailing Address 7338 Pinehurst Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Spring Hill, FL	City & State Spring Hill, FL
Zip 34606	Zip 34606
Country USA	Country USA



01252007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3725068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRAF, DAVID B 10744 OSCEOLA DRIVE NEW PORT RICHEY, FL 34654	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GRAF, DAVID B 10744 OSCEOLA DR NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 address, with all other like employment.

SIGNATURE: David B. Graf 3-28-07 352-688-9677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #