2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

FILED Jul 27, 2005 08:00 AM Secretary of State DOCUMENT # P0400003603 1. Entity Name GRAHAM'S CARPET INSTALLATION, INC. Principal Place of Business Mailing Address 9080 53RD WAY NORTH 9080 53RD WAY NORTH PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33782 No Chg-P CR2E034 (10/03) 07232005 DO NOT WRITE IN THIS Applied For 4. FEI Number 37-1480900 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GRAHAM, CHARLES H 9080 53RD WAY NORTH PINELLAS PARK, FL 33782 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE GRAHAM, CHARLES H NAME 9080 53RD WAY NORTH STREET ADDRESS U00000374700 CITY-ST-ZIP PINELLAS PARK, FL 33782 07/27/05-80003-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITT F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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