


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000053718 1. Entity Name GRAHAM BROTHERS CONSTRUCTION SERVICES, INC.			
Principal Place of Business 3049 S CLEVELAND AVE SUITE 250-V FORT MYERS, FL 33901 US		Mailing Address 3049 S CLEVELAND AVE SUITE 250-V FORT MYERS, FL 33901 US	
2. Principal Place of Business 2341 Lake Debra Dr. Suite, Apt. #, etc. # 2522 City & State Orlando Zip 32835		3. Mailing Address 2341 Lake Debra Dr. Suite, Apt. #, etc. # 2522 City & State Orlando Zip 32835	
4. FEI Number 010832996		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08072006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent GRAHAM, JOSEPH C 3049 S CLEVELAND AVE SUITE 250-V FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Deloris G. Jones Street Address (P.O. Box Number is Not Acceptable) 2341 Lake Debra Dr. # 2522 City Orlando FL Zip Code 32835	
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 <u><i>Deloris G. Jones, President</i></u> DATE <u>8/7/06</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRAHAM, JOSEPH C 546 S.W. YACHAWA LAMONT, FL 32331	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JONES, DELORIS G 2341 LAKE DEBRA DR. #2522 ORLANDO, FL 32835	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRAHAM, CEDRIC C P.O. BOX 233 BLOUNTSTOWN, FL 32424	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered. SIGNATURE: <u><i>Deloris G. Jones</i></u> DATE <u>8/7/06</u> 407.432.3440 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED
2006 AUG -9 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

