2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2004 08:00 AM Secretary of State DOCUMENT # P96000001879 GRAHAM ELECTRICAL CONTRACTORS, INC. Principal Place of Business Mailing Address 314 E LAUREL RD 314 E LAUREL RD NOKOMIS, FL 34275 NOKOMIS, FL 34275 US CR2E034 (10/03) 01062004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0640766 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PREWETT, DANIEL L DO NOT WRITE 5777 BENEVA RD S SARASOTA, FL IN THIS SPACE 5. 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, typed or printed name of registered agent and title II applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000046674 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 02/12/04-80011-001 10. OFFICERS AND DIRECTORS nnsNAME GRAHAM, RICHARD STREET ADDRESS 1664 ALBINO CIRCLE CITY-ST-ZIP NOKOMIS, FL 34275 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-51-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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,

NING OFFICER OR DIRECTOR

SIGNATURE: