## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000073053

Entity Name: GRAVES CONSTRUCTION, INC.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

8760 SW 181 TERR. 2105 NE 38 ROAD MIAMI, FL 33157 2105 NE 38 ROAD HOMESTEAD, FL 33033

Current Mailing Address: New Mailing Address:

8760 SW 181 TERR. 2105 NE 38 ROAD MIAMI, FL 33157 HOMESTEAD, FL 33033

FEI Number: 65-0942613 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAVES, DAVID

8760 S.W. 181 TERRACE

MIAMI EL 33157 LIS

GRAVES, DAVID

2105 NE 38 ROAD

HOMESTEAD EL 33

MIAMI, FL 33157 US HOMESTEAD, FL 33033 US

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.

SIGNATURE: 04/20/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 P
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 GRAVES, DAVID
 Name:
 GRAVES, DAVID

 8760 SW 181 TERR.
 Address:
 2105 NE 38 ROAD

 Address:
 8760 SW 181 TERR.
 Address:
 2105 NE 38 ROAD

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 HOMESTEAD, FL 33033

 Name:
 GRAVES, DAVID

 Address:
 8760 S.W. 181 TERR
 Address:
 2105 NE 38 ROAD

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 HOMESTEAD, FL 33033

Title: S () Delete Title: S (X) Change () Addition

 Name:
 GRAVES, DAVID
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 GRAVES, DAVID

 Address:
 8760 S.W. 181 TERRACE
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 City-St-Zip:
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Title: D () Delete Title: D (X) Change () Addition

 Name:
 GRAVES, DAVID
 Name:
 GRAVES, DAVID

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 Address:
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 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID V. GRAVES PRES 04/20/2006