


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000097111**  
1. Entity Name  
**GRANITE WORKS, INC.**



Principal Place of Business      Mailing Address  
6710 SE 110TH STREET      6710 SE 110TH STREET  
UNIT 503      UNIT 503  
BELLEVIEW, FL 34420      BELLEVIEW, FL 34420

**DO NOT WRITE IN THIS SPACE**



03072005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3675917**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MARCHBANKS, LAWRENCE J  
110 CLEVELAND AVE.  
WILDWOOD, FL 34785

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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 reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

U00000255780  
03/08/05-80028-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DILLON, CAROL G
STREET ADDRESS	4880 SE 140TH ST
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	SD
NAME	DILLON, ROBERT
STREET ADDRESS	4880 SE 140TH STREET
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Carol G. Dillon**      Date: **07 Mar 05**      Daytime Phone #: **(352) 307-4105**