

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # 386039

1. Entity Name
ACORN GRANITE CORPORATION



Principal Place of Business

**2934 WEST BAY DRIVE
P O BOX 1168
BELLEAIR BLUFFS, FL 33770 US**

Mailing Address

**2934 WEST BAY DRIVE
P O BOX 1168
BELLEAIR BLUFFS, FL 33770 US**

DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1380967

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILHAN, RANDALL J
2934 WEST BAY DRIVE
BELLEAIR, FL 33770**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**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**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ROBERTS, OWEN J**
STREET ADDRESS **2934 WEST BAY DRIVE**
CITY-ST-ZIP **BELLEAIR BLUFFS, FL**

TITLE **S**
NAME **MCCLINTOCK, JOSEPHINE**
STREET ADDRESS **2934 WEST BAY DRIVE**
CITY-ST-ZIP **BELLEAIR BLUFFS, FL**

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04/26/05-80094-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Josephine P. McClintock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 April 2005 727/581-8702
Date City/State Phone #

Josephine P. McClintock, Secretary