

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F02000001107

1. Entity Name
GRANITE SERVICES, INC.



Principal Place of Business
**1302 NORTH 19TH STREET
TAMPA, FL 33605**

Mailing Address
**12 CORPORATE WOODS BLVD
SUITE 300
ALBANY, NY 12211**



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-0861176	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**JACOBSON, RICHARD A
501 E KENNEDY BLVD SUITE 1700
TAMPA, FL 33602**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000909629
05/06/03-80078-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARVELL, STAN 1302 NORTH 19TH STREET TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLLES, MONTA 1302 NORTH 19TH STREET TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STANSBURY, GARY 1302 NORTH 19TH STREET TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TULLMAN, ROBERT 1302 NORTH 19TH STREET TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WILLIAMS, MORGAN CFO 1302 NORTH 19TH STREET TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT CAMERON, BARBARA A 12 CORPORATE WOODS BLVD ALBANY, NY 12211

**DO NOT WRITE
IN THIS SPACE**

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:

Richard T. Maxstadt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD T. MAXSTADT 4/11/08

Date Daytime Phone #