2005 FOR PROFIT CORPORATION

CITY - ST-ZIP

SIGNATURE: Thomas G. Granger

homas G. Granger Than SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

FILED Jan 25, 2005 08:00 AM

ANNUAL REPURI					To the Control of Classes			
DOCUMENT # G53506 1. Entity Name GRANGER ASPHALT PAVING, INC.				Secretary of State				
Principal Place of Business Mailing Address 15412 GRANGER PLANTATION ROAD 15412 GRANGER PLAN SOUTHPORT, FL 32409 SOUTHPORT, FL 3240		Mailing Address 15412 GRANGER PLANTATION SOUTHPORT, FL 32409	ROAD .	_				
D	O NOT WRITE	CE	01242005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-2422165 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required					
15412 GR	6. Name and Address of Current Rock, GERALD ANGER PLANTATION RD ORT, FL 32409	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 Thomas G. Granger Thomas Square and title if applicable. (NOTE. Registered Agent signature required when reinstating) OATE								
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		.00 May Be ed to Fees					
10. HITLE NAME STREET ADDRESS GITY-ST-ZIP HITLE	OFFICERS AND D PST GRANGER, THOMAS G, 15412 GRANGER PLANTATION F SOUTHPORT, FL 32409				U00000 01/26/05	0196321 -80063-016	158.75	
NAME STREET ADDRESS CITY-ST-ZIP FILE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	'RITE		
TITLE NAME STREET ADDRESS CHY-SI-ZIP				IN .	THIS SF	PACE		
INTLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filing 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.

01/24/05