FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90818 029 ***150.00

-	BUSINESS	
DOCUMENT #	K71885	

1. Entity Name

GRANI'	TO ACCOUNTING SERV	rices, inc.	130						
	DO NOT WRITE	IN THIS SP	ACE	Ξ					
2. Principal Place of Business 7139 TIMBER DRIVE 3. Mailing Address									
		Suite, Apt. #, etc.			1	DO NOT WRITE IN THIS SPACE			
City & State WINTER PARK, FLORIDA		City & State				4. FEI Number Applied For 59-2965026 Not Applicable			
Zip 32 79 2	Country SEMINOLE	Zip	Country		5. Ce	ertificate of Status Desired] \$8.7 Fee F	75 Additional Required	
				Now-	7. Nam	e and Address of Current Regis	stered Age	nt	
	DO NOT W	DITE		Name <u>MARGAR</u>	RET_	P. GRANITO _			
DO NOT WRITE IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable) 7139 TIMBER DRIVE						
				City WINTER	PARI	Κ	FL Z	1ip Code 32792	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered	office or register	red ager	it, or both, in the State of Florida.	I am familia	r with, and accept	
SIGNATURE	Margary P As Signature, typed oyprinted name of registered agent a	oute	Dogistared As	gent signature required	d whoo reio	4/25/0	3		
	After May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of		riegisto de A	gon agriator (equitor	WI STITE OF	Election Campaign Financin Trust Fund Contribution.	g \square	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	with the San Marie Wards	(Section 1)				到下。12公司里面 -		
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INTLE VP/S/T/D JOHN F. GRANITO NAME 7139 TIMBERRDRIVE STREET ADDRESS CHY-SI-ZIP WINTER PARK, FL 32792		TITLE NAME STREET A CITY-ST	國際原始的原於 新語語						
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CITY-SI-ZIP		CITY-ST	LE STATE STATE STATE OF THE PARTY OF THE PAR						
12 I hereby o	ertify that the information supplied with	this filing does not qualify for t	he evemn	tion stated in Se	ection 11	9 07/3)(i) Florida Statutes I furthe	er certify the	at the information	

rinetery certify that the information supplied with finis filling 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 on an attachment with amaddress, with all other like empowered.

SIGNATURE: