

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010157

**FILED**  
**Apr 13, 2009**  
**Secretary of State**

**Entity Name:** ALL FLORIDA GRANITE, INC.

**Current Principal Place of Business:**

7610 SILVER SANDS  
MELBOURNE, FL 32904

**New Principal Place of Business:**

7618 SILVER SANDS  
WEST MELBOURNE, FL 32904

**Current Mailing Address:**

6915 VICKIE CIR.  
MELBOURNE, FL 32904

**New Mailing Address:**

7618 SILVER SANDS  
WEST MELBOURNE, FL 32904

**FEI Number:** 59-3707174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HAMMOND, NATHAN  
7618 SILVER SANDS  
MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HAMMOND, NATHAN  
Address: 7618 SILVER SANDS  
City-St-Zip: MELBOURNE, FL 32904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR (X) Change ( ) Addition  
Name: HAMMOND, NATHAN  
Address: 7618 SILVER SANDS  
City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN HAMMOND

PRES

04/13/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date