

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90131 026 \*\*\*150.00

<b>DOCUMENT # P01000030988</b> 1. Entity Name <b>COUNTERKRAFT SOLID SURFACES, INC.</b>					
Principal Place of Business <b>3390 S COURTNEY PKWY MERRITT ISLAND, FL 32952</b>			Mailing Address <b>927 LEXINGTON ROAD ROCKLEDGE, FL 32955</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>3990 S. Courtney Pkwy</b>			
City & State <b>32953</b>		City & State <b>Merritt Island FL</b>		4. FEI Number <b>59-3710667</b>	
Country <b>32953</b>		Country <b>32953</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRIFFIN, LARRY W JR. 927 LEXINGTON ROAD ROCKLEDGE, FL 32955</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>3211 BISCAYNE DRIVE</b> City <b>MERRITT ISLAND</b> <b>FL</b> Zip Code <b>32953</b>		
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: <b>3-14-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, LARRY W JR. 927 LEXINGTON ROAD ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3211 BISCAYNE DRIVE MERRITT ISLAND FL 32953</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRIFFIN, TRACY T 927 LEXINGTON ROAD ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3211 BISCAYNE DRIVE MERRITT ISLAND FL 32953</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:			<b>3-14-06</b> <small>Date Daytime Phone #</small>		