## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 21, 2008 8:00 am Secretary of State **DOCUMENT # P01000030988** 04-21-2008 90103 001 \*\*\*150.00 COUNTERKRAFT SOLID SURFACES, INC. Principal Place of Business Mailing Address 3390 N COURTNEY PKWY / 3390 N COURTNEY PKWY MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04042008 Cha-P 4. FEI Number Applied For City & State City & State 59-3710667 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRIFFIN, LARRY W JR. Street Address (P.O. Box Number is Not Acceptable) 3211 BISCAYNE DR MERRITT ISLAND, FL 32953 4545 DEANNA COURT Zip Code 32953 MERRITT ISLAND 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 require 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE TITLE GRIFFIN, LARRY W JR. NAME NAME 4545 DEANNA COURT 3211 BISCAYNE DR STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP **XX**Change ☐ Addition ☐ Delete TITLE TITLE GRIFFIN, TRACY T NAME NAME 4545 DEANNA COURT STREET ADDRESS STREET ADDRESS 3211 BISCAYNE DR MERRITT ISLAND 32953 MERRITT ISLAND, FL 32953 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

FICER OR DIRECTOR

LARRY W. GRIFFIN IR.

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED