

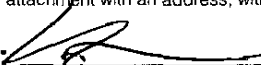


# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90060 047 \*\*\*150.00

<b>DOCUMENT # P01000118309</b> 1. Entity Name <b>M &amp; M PREMIER GRANITE COMPANY, INC.</b>																																																																																																																																																					
Principal Place of Business <b>2613 HOLY CROSS LN LAKE WORTH FL 33460</b>				Mailing Address <b>2613 HOLY CROSS LN LAKE WORTH FL 33460</b>																																																																																																																																																	
2. Principal Place of Business <b>2290 SARATOGA BAY DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2290 SARATOGA BAY DR.</b> Suite, Apt. #, etc.																																																																																																																																																			
City & State <b>W.P.B., FL.</b>		City & State <b>W.P.B., FL.</b>		4. FEI Number <b>65-1154844</b>																																																																																																																																																	
Zip <b>33409</b>		Country <b>PAUM BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent <b>HUFFMAN, KENT 350 ROYAL PALM WAY SUITE 409 PALM BEACH FL 33480</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																																																																																																	
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 required when reinstating) DATE _____																																																																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MEMMINGMANN, MICHAEL H</b></td> <td></td> <td>STREET ADDRESS</td> <td><b>MENNINGSMANN, MICHAEL H</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>2613 HOLY CROSS LN LAKE WORTH FL 33460</b></td> <td></td> <td>CITY-ST-ZIP</td> <td><b>2290 SARATOGA BAY DR. 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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.																																																																																																																																																					
<b>SIGNATURE:</b>  <b>MICHAEL H. MENNINGMANN, PRES</b> <b>1/27/04</b> <b>561-723-3594</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					