

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000118309

1. Entity Name

M & M PREMIER GRANITE COMPANY, INC.



Principal Place of Business

**2290 SARATOGA BAY DR
WEST PALM BEACH FL 33409**

Mailing Address

**2290 SARATOGA BAY DR
WEST PALM BEACH FL 33409**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-1154844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUFFMAN, KENT
350 ROYAL PALM WAY
SUITE 409
PALM BEACH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title (if not applicable).

(NOTE: Registered Agent signature required when registering or

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MEMMINGMANN, MICHAEL H**
CITY - ST - ZIP **2290 SARATOGA BAY DR
WEST PALM BEACH FL 33409**

☐ Change ☐ Addition
NAME **U00000811425**
STREET ADDRESS **02/12/08-80004-024 150.00**
CITY - ST - ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MENNINGMANN, ALEXANDER**
CITY - ST - ZIP **2290 SARATOGA BAY DR
WEST PALM BEACH FL 33409**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MENNINGMANN, M NICHOLAS**
CITY - ST - ZIP **2290 SARATOGA BAY DR
WEST PALM BEACH FL 33409**

☐ Change ☐ Addition
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CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL H. MENNINGMANN, PRES 1/29/08 561-723-3594

Date

Day: the Month: #