## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 01, 2006 08:00 AM DCCUMENT # P02000016530 **Secretary of State** 1. Entity Name GRANITE INDUSTRIES, INC. Principal Place of Business Mailing Address 1000 RIVER REACH DRIVE 1000 RIVER REACH DRIVE FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 43-1952927 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CYNTHIA GENTNER Street Address (P.O. Box Number is Not Acceptable) 1000 RIVER REACH DR. #401 FORT LAUDERDALE FL 33315 City 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 little it applicable (NOTE Registered Agent signature required when roustalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. U00000412722 □ Change □ Addition DILL ☐ Delete TITLE NAME GENTNER, CYNTHIA MANAF 02/10/06-80059-012 150.00 STREET ADDRESS STREET ADDRESS 1000 RIVER REACH DRIVE, #401 COTY-SI-7/P FT. LAUDERDALE FL 33315 CHY-ST-ZIP ПЦЕ ☐ Delete TITLE Change Arieldin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ance ☐ Delete . . . . ☐ Change ☐ ☐ Additio TABLE MAME NAME STREET ADDRESS STREET ADDRESS C/TY - ST - ZIP CITY-ST-ZIP THE Delete TITLE Change □ Add" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete Change ☐ Addisi NAME NAME STREET ADDRESS STREET ADDRESS CSTY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filling 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: 

Description:

Description