


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

|   |  |
|---|--|
| <b>DOCUMENT # P02000126783</b><br>1. Entity Name<br><b>GRANITE &amp; MARBLE SPECIALISTS, INC.</b> |  |
|---|--|

|   |   |
|---|---|
| Principal Place of Business<br><b>1829 BRAMAN AVE.<br/>FT. MYERS FL 33901</b> | Mailing Address<br><b>1829 BRAMAN AVE.<br/>FT. MYERS FL 33901</b> |
|---|---|



|                                |                     |         |
|--------------------------------|---------------------|---------|
| 2. Principal Place of Business | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |         |
| City & State                   | City & State        |         |
| Zip                            | Country             | Zip     |
|                                |                     | Country |

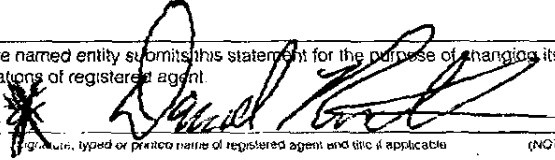
1st MOORE CR2E034 (10/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>22-3886647</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>            |
| <b>RUCK, DANIEL T<br/>1829 BRAMAN AVE.<br/>FT. MYERS FL 33901</b> |

|  |             |
|--|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| 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:  DATE: **3/21/6**

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

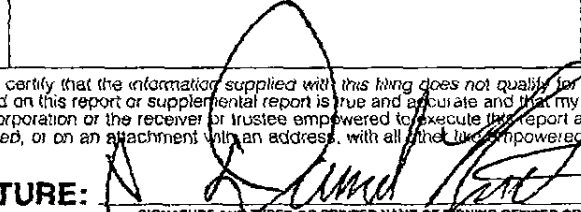
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May be Added to Fee  
 Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | PD <input type="checkbox"/> Delete<br><b>RUCK, DANIEL T</b> |
| NAME                       | <b>1829 BRAMAN AVE.</b>                                     |
| STREET ADDRESS             | <b>FT. MYERS FL 33901</b>                                   |
| CITY-ST-ZIP                |   |
| TITLE                      | V <input type="checkbox"/> Delete<br><b>DECOSTA, JAMES</b>  |
| NAME                       | <b>1451 CHARLES RD</b>                                      |
| STREET ADDRESS             | <b>FORT MYERS FL 33919</b>                                  |
| CITY-ST-ZIP                |   |
| TITLE                      | T <input type="checkbox"/> Delete<br><b>NITA, FLORES T</b>  |
| NAME                       | <b>1829 BRAMAN AVE</b>                                      |
| STREET ADDRESS             | <b>FORT MYERS FL 33901</b>                                  |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                             |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                             |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | <input type="checkbox"/> Delete                             |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  | <b>U00000482196</b>  |
| STREET ADDRESS  | <b>04/11/06-80066-004 150.00</b>                             |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

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 individuals empowered.

SIGNATURE:  DATE: **3/21/6** 239 470 694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR