


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90005 044 ***150.00

DOCUMENT # P02000126783
 1. Entity Name
GRANITE & MARBLE SPECIALISTS, INC.



Principal Place of Business
1829 BRAMAN AVE.
FT. MYERS FL 33901

Mailing Address
1829 BRAMAN AVE.
FT. MYERS FL 33901



2. Principal Place of Business - No P.O. Box #
15800-2 Brothers Ct

3. Mailing Address
15800-2 Brothers Ct

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Fort Myers FL

City & State
Fort Myers, FL

Zip
33912 Country **USA**

Zip
33912 Country **USA**

4. FEI Number **22-3886647**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RUCK, DANIEL T
1829 BRAMAN AVE.
FT. MYERS FL 33901


7. Name and Address of New Registered Agent

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 **2/27/07**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	RUCK, DANIEL T	1829 BRAMAN AVE.	FT. MYERS FL 33901	<input type="checkbox"/>
V.	DECOSTA, JAMES	1461 CHARLES RD	FORT MYERS FL 33919	<input type="checkbox"/>
T	NITA, FLORES T	1829 BRAMAN AVE	FORT MYERS FL 33901	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

2602 45th St SW
Lehigh FL 33971-4707

Nita Ruck

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

DATE: **2/27/07** (239) 481-5955

DATE Daytime Phone #