

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000157880

1. Entity Name
ART OF GRANITE, INC.



Principal Place of Business
687 1ST AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

Mailing Address
678 SHETTER AVE
JACKSONVILLE BEACH, FL 32250



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0547075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FAVA, GIORGIO
678 SHETTER AVE
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE
IN THIS SPACE**

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000639673
02/28/07-80037-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	FAVA, DONNA
STREET ADDRESS	678 SHETTER AVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	P
NAME	FAVA, GIORGIO
STREET ADDRESS	678 SHETTER AVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	S
NAME	PINILLA, GILBERTO
STREET ADDRESS	678 SHETTER AVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

2/15/07

Date

904-242-9592

Daytime Phone