

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000026393

**FILED**  
**Jul 11, 2006**  
**Secretary of State**

**Entity Name:** ABLE 2 GRANITE & MARBLE, INC.

**Current Principal Place of Business:**

4909 N US HIGHWAY 1, UNITA-415  
COCOA, FL 32926

**New Principal Place of Business:**

5713 N US 1  
MIMS, FL 32754

**Current Mailing Address:**

4909 N US HIGHWAY 1, UNITA-415  
COCOA, FL 32926

**New Mailing Address:**

P O BOX 103  
MIMS, FL 32754

**FEI Number:** 57-1201370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COFFIN, ROSS W  
4390 SHAMROCK DRIVE  
MIMS, FL 32754 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COFFIN, ROSS W  
Address: 4390 SHAMROCK DRIVE  
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete  
Name: COFFIN, DARLA L  
Address: 4390 SHAMROCK DRIVE  
City-St-Zip: MIMS, FL 32754

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: DESHETLER, ROBERT B  
Address: P O BOX 103  
City-St-Zip: MIMS, FL 32754

Title: T ( ) Change (X) Addition  
Name: BRANNEN, JOHN  
Address: P O BOX 103  
City-St-Zip: MIMS, FL 32754

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ROSS COFFIN

D

07/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date