



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90020 042 \*\*\*150.00

<b>DOCUMENT # P04000122504</b> 1. Entity Name <b>POLY GRANITE INTERNATIONAL, INC.</b>					
Principal Place of Business <b>5630 YABL STREET SUITE 5 NAPLES, FL 34109 US</b>			Mailing Address <b>5630 YABL STREET SUITE 5 NAPLES, FL 34109 US</b>		
2. Principal Place of Business <b>6495 B TAYLOR RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>6495 B TAYLOR RD</b> Suite, Apt. #, etc.			
City & State <b>NAPLES, FL</b> Zip Country <b>34109 USA</b>		City & State <b>NAPLES, FL</b> Zip Country <b>34109 USA</b>		4. FEI Number <b>20-1536167</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01292005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>SUMLIN, JACK 5630 YABL STREET SUITE 5 NAPLES, FL 34109</b>			7. Name and Address of New Registered Agent Name <b>JACK SUMLIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>6495 B TAYLOR ROAD</b> City <b>NAPLES</b> FL Zip Code <b>34109</b>		
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 <u><i>Jack Sumlin</i></u> <b>JACK SUMLIN</b> <u>1/29/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SUMLIN, JACK 5630 YABL STREET, SUITE 5 NAPLES, FL 34109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.					
SIGNATURE: <u><i>Jack Sumlin</i></u> <b>JACK SUMLIN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/29/05</u> (239) 591-1872 <small>Date Daytime Phone #</small>		