## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000137944**

1. Entity Name
DESIGNERS GRANITE & MARBLE, INC.

FILED Feb 13, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

18302 RIVER OAKS DRIVE JUPITER, FL 33458

18302 RIVER OAKS DRIVE JUPITER, FL 33458



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01142008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 51-0558609 Not Applied be

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HAN, MICHAEL N

KERNAGHAN, MICHAEL N 18302 RIVER OAKS DRIVE JUPITER, FL 33458

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.							
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refinsiating) DATE							
Work ingland or year of the control							
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financian Trust Fund Contribution.				\$5.00 May Be Added to Fees	1 2000000000000000000000000000000000000	6868 067-006 158.75	
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERNAGHAN, MICHAEL N 18302 RIVER OAKS DRIVE JUPITER, FL 33458						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•			
TITLE 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 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 the empowered.							

NYED NAME OF SIGNING OFFICER OR DIRECTOR

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