

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000033295

FILED
Apr 28, 2008
Secretary of State

Entity Name: THE GRANITE CONCEPT COMPANY

Current Principal Place of Business:

33 TUPELO AVENUE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

4277 WALTON BRIDGE RD
PONCE DE LEON, FL 32455

Current Mailing Address:

33 TUPELO AVENUE
FORT WALTON BEACH, FL 32548

New Mailing Address:

4277 WALTON BRIDGE RD
PONCE DE LEON, FL 32455

FEI Number: 20-4442863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILER, SHERYL L
4239 WALTON BRIDGE ROAD
RED BAY, FL 32455 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: SILER, ADAM D
Address: 4239 WALTON BRIDGE ROAD
City-St-Zip: RED BAY, FL 32455

Title: D,VP () Delete
Name: SILER, ADAM
Address: 4279 WALTON BRIDGE ROAD
City-St-Zip: RED BAY, FL 32455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ADAM D. SILER

D.P

04/28/2008

Electronic Signature of Signing Officer or Director

Date