


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000093576</b> 1. Entity Name ELITE GRANITE, INC.	
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Principal Place of Business 2677 NW 10TH STREET #5 OCALA, FL 34475 US	Mailing Address 2677 NW 10TH STREET #5 OCALA, FL 34475 US
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03242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3785137	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GAAB, STEPHEN M  
2677 NW 10TH STREET, #5  
OCALA, FL 34475

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000872496  
04/10/08-80039-013 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST- ZIP	P GAAB, STEPHEN M 2677 NW 10TH STREET #5 OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP GAAB, REBEKAH M 2677 NW 10TH STREET #5 OCALA, FL 34475
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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:**  **STEPHEN GAAB**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/08 (352) 624-8900**

Date

Daytime Phone #