

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100829

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** GRANITE MANAGEMENT & ARTIST DEVELOPMENT INC

**Current Principal Place of Business:**

56 SKIDMORE  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

56 SKIDMORE, PO BOX 1236  
HAINES CITY, FL 33845

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

PEARCE, PATTY  
150 KOKOMO ROAD  
LAKE HAMILTON, FL FL US

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

MULLEN, CHAD  
150 KOKOMO ROAD  
LAKE HAMILTON, FL FL US

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: CHAD MULLEN

04/29/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MULLEN, KIM  
Address: 56 SKIDMORE, PO BOX 1236  
City-St-Zip: HAINES CITY, FL 33845

Title: V ( ) Delete  
Name: MULLEN, CHAD  
Address: 56 SKIDMORE, PO BOX 1236  
City-St-Zip: HAINES CITY, FL 33845

Title: ST ( ) Delete  
Name: MULLEN, SHELBY  
Address: 56 SKIDMORE, PO BOX 1236  
City-St-Zip: HAINES CITY, FL 33845

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

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

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: KIM MULLEN

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date