

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90252 012 ***150.00

DOCUMENT # P99000084285 1. Entity Name GREAT BAY GRANITE, INC.					
Principal Place of Business 9550 93RD ST N LARGO, FL 33777			Mailing Address 9550 93RD ST N LARGO, FL 33777		
2. Principal Place of Business 14042- 66 ST. Suite, Apt. #, etc. #3		3. Mailing Address 2845- SATURN RD Suite, Apt. #, etc.			
City & State LARGO FL		City & State BROOKSVILLE FL		4. FEI Number 59-3596522	
Zip 34604		Country PUERTO RICO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMEC, PAUL 9550 93RD ST N LARGO, FL 33777				7. Name and Address of New Registered Agent Name SAMEC, PAUL E. Street Address (P.O. Box Number is Not Acceptable) 2845- SATURN RD City BROOKSVILLE FL Zip Code 34604	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	P SAMEC, PAUL E 9550 93RD ST N LARGO, FL 33777	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMEC, PAUL E. 2845- SATURN RD BROOKSVILLE FL 34604	<input checked="" 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 an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/05 (727) 458-7413 <small>Date Daytime Phone</small>		