

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90033 047 ***150.00

DOCUMENT # P03000141555
 1. Entity Name
ROBERT L. ILE MASONRY, INC.



Principal Place of Business: **7019 SCENIC HILLS BLVD LAKELAND, FL 33810**
 Mailing Address: **7019 SCENIC HILLS BLVD LAKELAND, FL 33810**

40101500



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

07212006 Chg-P CR2E034 (11/05)

4. FEI Number: **57-1193529**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ILE, ROBERT L ,
 7019 SCENIC HILLS BLVD
 LAKELAND, FL 33810**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable): **7019 SCENIC HILLS BLVD**
 City: **FL** Zip Code

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ILE, ROBERT L	
STREET ADDRESS	7019 SCENIC HILLS BLVD	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: *Robert L. Ile* **7/28/06** (863) 738-5590
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
ROBERT L. ILE MASONRY, INC.

7019 Scenic Hills Blvd Lakeland, FL 33810-2672
Phone 863-859-3138

40101202

ATTACHMENT

July 21, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

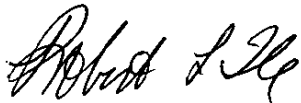
RE: ROBERT L. ILE MASONRY, INC. #P03000141555

To Whom It May Concern,

This letter is to advise you that we did not receive the first notice for 2006 to renew our Corporate character. We feel as such by attaching this letter to our Annual Report and also attaching a check for \$150.00, the original amount due we should be paid in full. We also ask that you check your records to be sure you have our correct address and other information necessary to insure that our company receives the first notice next year.

We thank you for your prompt and careful consideration in this matter.

Respectfully,



Robert L. Ile, President
Robert L. Ile Masonry, Inc.