## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 29, 2006 8:00 am **Secretary of State DOCUMENT # 539242** 1. Entity Name 03-29-2006 90127 023 \*\*\*150.00 R & H MASONRY CONTRACTORS, INC. Principal Place of Business Mailing Address 3909 ANDREW JACKSON CIRCLE 3909 ANDREW JACKSON CIRCLE PACE FL 32571 **PACE FL 32571** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1772098 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, HARRY C Street Address (P.O. Box Number is Not Acceptable) 3909 ANDREW JACKSON CIRCLE PACE FL 32571 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 -Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ₽D TITLE Change Change Addition □ Defete Harais, Harry C. NAME HARRIS, HARRY C. NAME 3909 ANDrew Jackson Circle STREET ADDRESS STREET ADDRESS 4032 GORDON WELLS DR CITY-ST-ZIP CITY-ST-ZIP PACE, FI. 32571 MILTON FL 32583 ☐ Delete ☐ Addition Harris Harry C. 3909 Au Orew Jackson Circle HARRIS, HARRY C NAME NAME STREET ADDRESS STREET ADDRESS 4032 GORDON WELLS DR. CITY-ST-ZIP PACE FL. 32571 CITY-ST-ZIP MILTON FL 32583 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Hary C. Harris
SIGNATURE: Harris 1-ARRY C. HARRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**