


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90167 036 ***150.00

DOCUMENT # 558852 1. Entity Name YATES MASONRY, INC.					
Principal Place of Business 10302 KITTEN TRAIL HUDSON, FL 34669 US			Mailing Address 5244 SWALLOW DRIVE NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10318 KITTEN TRAIL			
City & State		City & State Hudson, FL		4. FEI Number 59-1796358	
Zip 34669		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YATES, TRUDY J. 5244 SWALLOW DRIVE NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name Yates, TRUDY J. Street Address (P.O. Box Number is Not Acceptable) 10318 KITTEN TRAIL City Hudson FL Zip Code 34669		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PS YATES, GREFORY J 10302 KITTEN TRAIL HUDSON, FL 34669	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YATES, TRUDY J 5244 SWALLOW DRIVE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YATES, TRUDY J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10318 KITTEN TRAIL HUDSON, FL 34669				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 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: <i>Trudy J. Yates</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-10-06		727-869-2860 <small>Daytime Phone #</small>	