


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2006 8:00 am
Secretary of State

02-17-2006 90073 050 ***150.00

DOCUMENT # 655158	
1. Entity Name JOSEPH LUTZ BRICKLAYER, INC.	

Principal Place of Business 2801 21 PLACE HOUSE VERO BEACH FL 32960 US	Mailing Address 2801 21 PLACE HOUSE VERO BEACH FL 32960 US
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2. Principal Place of Business 2801 21 PLACE HOUSE	3. Mailing Address 2801 21 PLACE HOUSE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VERO BCH. FLORIDA	City & State VERO BCH. FLORIDA
Zip 32960 INDIAN RIVER	Zip 32960 INDIAN RIVER

4. FEI Number 59-2091688	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent LUTZ, JOSEPH 2801 21 PLACE HOUSE VERO BEACH FL 32960	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Joseph Lutz</i> Signature of agent or principal name of registered agent and job, if applicable	JOSEPH LUTZ (NOTE: Registered Agent signature required when re-registering)	FEB. 8, 2006 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LUTZ, JOSEPH 2801 21 PLACE VERO BEACH FL 32960 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTZ, JOSEPH 2801 21 PLACE VERO BEACH FL 32960 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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 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: <i>Joseph Lutz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR	3-2-06 772-567-3044 Date Daytime Phone #



ATTACHMENT
66003759

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

JOSEPH LUTZ BRICKLAYER, INC.
2801 21 PLACE
HOUSE
VERO BEACH, FL 32960 US

Subject: **JOSEPH LUTZ BRICKLAYER, INC.**

Reference Number: 655158

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION