


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H42346**  
 1. Entity Name  
**CARR & SONS MASONRY, INC.**



Principal Place of Business      Mailing Address  
**3750 70TH AVENUE NORTH**      **3750 70TH AVENUE NORTH**  
**PINELLAS PARK, FL 33781**      **PINELLAS PARK, FL 33781**

**DO NOT WRITE IN THIS SPACE**



01232006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2504941</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CARR, FRANK**  
**11752 ASHLEY COURT**  
**SEMINOLE, FL 33772**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CARR, FRANK 11752 ASHLEY CT SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV CARR, THERESA D 11752 ASHLEY CT SEMINOLE, FL 33772
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1100004-8550  
 03/01/06-80011-016 150.00

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: *Theresa D. Carr*    *Theresa D. Carr*    2-14-06    (727) 526-9580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #