## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 05, 2006 8:00 am Secretary of State DOCUMENT # H56559 05-05-2006 90163 029 \*\*\*150.00 1. Entity Name GEORGE PARKER MASONRY, INC. Principal Place of Business Mailing Address 6606 WALLIS RD 6606 WALLIS RD WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33413 2. Principal Place of Business 3. Mailing Address Suite, Apt, #\_etc. Suite, Apt. #, etc. 04232006 Chg-P CR2E034 (11/05) City & State City & State 4 FFI Number Applied For 59-2548026 Not Applicable Zip Country Zip 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 Name PARKER, GEORGE Street Address (P.O. Box Number is Not Acceptable) 6606 WALLIS ROAD 11380 PROSPERITY FARMS ROAD STF 112 PALM BEACH GARDENS, FL 33410 Zip Code33413 WEST PALM BEACH 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. (senge (Parker 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE DIRECTOR/PRESIDENT Change ■ Addition NAME PARKER, GEORGE NAME PARKER, GEORGE 11380 PROSPERITY FARMS ROAD, #112 STREET ADDRESS STREET ADDRESS 6606 WALLIS ROAD WEST PALM BEACH, FL PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP 33413 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADORESS

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changed, or on an attachment with an address, with all other like empowered. George Packer President 4/25/06 561 689-151 SIGNATURE: GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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DO NOT WRITE IN THIS SPA			CE	02212006  4. FEI Number 59-2548  5. Certificate of		CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
	6. Name and Address of Current Ro	egistered Agent				r co rioquires
PARKER, GEORGE 11380 PROSPERITY FARMS ROAD STE 112 PALM BEACH GARDENS, FL 33410			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for tions of registered agent.	he purpose of changing its registere	ed office or register	ed agent, or both	n, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE_						
Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registere FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees		DATE
10.	OFFICERS AND D	RECTORS				
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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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #