

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90179 029 \*\*\*150.00

**DOCUMENT # H59309**

1. Entity Name

DAVID L. SKILES MASONRY, INC.



Principal Place of Business

3841 KRAMEN CT  
LAND O LAKES FL 34639  
US

Mailing Address

3841 KRAMEN CT  
LAND O LAKES FL 34639  
US

2. Principal Place of Business

14510 Boland Ave

3. Mailing Address

14510 Boland Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Springhill FL

City & State

Springhill FL

Zip 34610

Country USA

Zip 34610

Country USA

4. FEI Number

59-2637845

Applied For

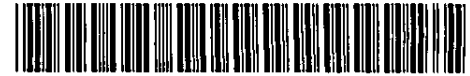
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKILES, D.L.  
14510 BOLAND AVENUE  
SPRINGHILL FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *David L. Skiles*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-06

**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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SKILES, D.L.  
STREET ADDRESS 14510 BOLAND AVE.  
CITY-ST-ZIP SPRINGHILL FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VST ☒ Delete  
NAME SKILES, J.M.  
STREET ADDRESS 3841 KRAMER CT.  
CITY-ST-ZIP LAND O LAKES FL

TITLE ☐ Change ☒ Addition  
NAME VST  
STREET ADDRESS SKILES JUDITH ANN  
CITY-ST-ZIP 14510 BOLAND AVE  
SPRINGHILL FL 34610

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *David L. Skiles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-15-06  
Daytime Phone #