2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# H61451

Entity Name: MIKE SOMMERS MASONRY, INC.

Current Principal Place of Business:

7958 KAVANAGH CT
SARASOTA, FL 34240 US

New Principal Place of Business:

7137 WILDERNESS LANE
SARASOTA, FL 34240 US

Current Mailing Address:

C/O RUBY SOMMERS
7958 KAVANAGH CT
SARASOTA, FL 34240 US

New Mailing Address:

C/O RUBY SOMMERS
7137 WILDERNESS LANE
SARASOTA, FL 34240 US

FEI Number: 59-2536908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOMMERS, RUBY
7958 KAVANAGH CT
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

SOMMERS, RUBY
7137 WILDERNESS LANE
SARASOTA, FL 34240 US

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.

SIGNATURE: 03/19/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SOMMERS, MICHAEL,
Address: 7958 KAVANAGH CT
City-St-Zip: SARASOTA, FL 34240

Title: STD ( ) Delete
Name: SOMMERS, RUBY,
Address: 7958 KAVANAGH CT
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete
Name: SOMMERS, MICHAEL J
Address: 1409 DARYL LN
City-St-Zip: SARASOTA, FL 34232

Title: VP ( ) Delete
Name: SOMMERS, JOSHUA L
Address: 1415 DARYL LN
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SOMMERS, MICHAEL,
Address: 7137 WILDERNESS LANE
City-St-Zip: SARASOTA, FL 34240

Title: STD (X) Change ( ) Addition
Name: SOMMERS, RUBY,
Address: 7137 WILDERNESS LANE
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBY SOMMERS ST 03/19/2009
Electronic Signature of Signing Officer or Director — Date