


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90024 002 ***150.00

DOCUMENT # K97709	
1. Entity Name RJG MASONRY, INC.	

Principal Place of Business 242 VILLAGE BLVD. #2205 TEQUESTA FL 33469 US	Mailing Address PO BOX 3278 TEQUESTA FL 33469 US
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2. Principal Place of Business 159 RADCLIFFE CT.	3. Mailing Address 159 RADCLIFFE CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

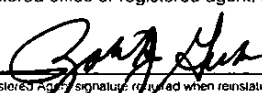
City & State JUPITER, FL.	City & State JUPITER, FL.
Zip 33458	Country FL
Country FL	Country FL



1st MOORE CR2E034 (10/05)

4. FEI Number 65-0134124		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GUBER, ROBERT J. 242 VILLAGE BLVD #2205 TEQUESTA FL 33469		
7. Name and Address of New Registered Agent Name GRUBER ROBERT J Street Address (P.O. Box Number is Not Acceptable) 159 RADCLIFFE CT. City JUPITER FL FL Zip Code 33458		

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 **ROBERT J. GRUBER, PRES.**  **2/23/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GRUBER, ROBERT J. 242 VILLAGE BLVD #2205 TEQUESTA FL 33469 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GRUBER ROBERT J. 159 RADCLIFFE CT JUPITER, FL 33458 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **2-23-06** **561-626-8862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #