2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 08:00 AM Secretary of State

DOCUMENT # L33909 1. Entity Name AMERICAN MASONRY OF OCALA, INC.				·	
Principal Place 3273 NW 27T OCALA, FL 34	'H AVE	Mailing Address P.O. BOX 6980 OCALA, FL 34478 US	1		20 /180 /110 /110 /110 /110 /110 /110 /11
D	O NOT WRITE		CE	02222006 4. FEI Numb 59-299	
325 SE 52 (#50 OCALA, FL	34471		DO NOT WRITE IN THIS SPACE		
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 Walter Donald NCLURIA (Signature) Agent and each of registered agent and each of policiative (Signature) Agent agent and each of registered agent and each of policiative (Signature) Agent agent agent and each of policiative (Signature) Agent agent agent agent agent and each of policiative (Signature) Agent					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees	U00000449754 03/09/06-80058-002 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D. MCQUAIG, WALTER DONALD J. 325 SOUTHEST 52ND COURT OCALA FL. SD MCQUAIG, TINA B. 326 SOUTHEAST 52ND COURT OCALA FL.			IN T	NOT WRITE THIS SPACE
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 suppliermental report is true and accurate and that my eignature 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: Walker Obrald Medical President 352-402-0165					
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