2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 02, 2008 08:00 AN Secretary of State DOCUMENT # M80736 1. Entity Name GLADES MASONRY, INC. Mailing Address Principal Place of Business 280 RIVER ROAD SE P.O. BOX 277 BELLE GLADE, FL 33430 US MOORE HAVEN, FL 33471 CR2E034 (11/05) 03052008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0051063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SMITH, JERRY W. 280 RIVER ROAD SE MOORE HAVEN, FL 33471 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000877703 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. TITLE NAME SMITH, JERRY W. STREET ADDRESS 280 RIVER ROAD SE MOORE HAVEN, FL 33471 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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. JERRY W. SMITH 3-29-08

SIGNATURE:

STREET ADDRESS CITY - ST- ZIP

561-261-3444

Daytime Phone #

FILED