


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000012679 1. Entity Name CUSTOM MASONRY OF OCALA, INC.	
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Principal Place of Business 9615 NE 42ND AVE. ANTHONY, FL 32617	Mailing Address 9615 NE 42ND AVE. ANTHONY, FL 32617
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01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3624716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LUTHER, BETTY
9701 N.E. AVE.
ANTHONY, FL 32617

**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 _____
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	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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P QUIROS, LAMAR 9615 NE 42ND AVENUE ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LUTHER, BETTY 9615 NE 42ND AVENUE ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S QUIROS, LAMAR 9615 NE 42ND AVENUE ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T QUIROS, LAMAR 9615 NE 42ND AVENUE ANTHONY, FL 32617
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**DO NOT WRITE
IN THIS SPACE**

1000003336411
01/25/06-80090-008 150.00

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.

SIGNATURE: Albert J. Duran 1-13-06 352-351-5635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #