2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 27, 2006 08:00 AM Secretary of State DOCUMENT # P00000057148 1. Entity Name COMPLETE MASONRY, INC. Principal Place of Business Mailing Address 4829 E CARROLL ROAD 4829 E CARROLL ROAD LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3651788 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILPOT, BRIAN G Street Address (P.O. Box Number is Not Acceptable) 124 S FLA AVE LAKELAND FL 33801 City Zip Code 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 Survival or printed name of registered agent and title if applicable (NOTE: Remistered Agent signature required when registating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD Delete THLE ☐ Change Addition MANAG CULLATON, MYRA J MAME STREET ADDRESS 4829 E CARROLL ROAD STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 City-St-ZiP STD U00000538460□ Change TITLE Delete ☐ Addition MAME CULLATON, BRIAN S NAME 05/09/06-80060-003 15A.75 STREET ADDRESS 4829 E CARROLL ROAD STREET ADDRESS CITY-ST-7IF LAKELAND FL 33801 CHY-ST-ZiP ___ Delete . THLE Change _ C Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CHY-ST-ZIP TOTALE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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