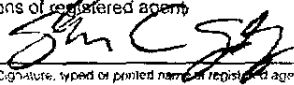


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |         |                                                                       |                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P00000074070</b><br>1. Entity Name<br><b>SHAWN GODSEY MASONRY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |         |                                                                       |                                                                                                                                                      |  |
| Principal Place of Business<br><b>10327 JOLYNN CT W<br/>JACKSONVILLE FL 32225</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |         | Mailing Address<br><b>10327 JOLYNN CT W<br/>JACKSONVILLE FL 32225</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc. <b>SHAWN GODSEY MASONRY, INC.</b><br><b>10327 JOLYNN CT., W.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                |         | 3. Mailing Address<br>Suite, Apt. #, etc.                             |                                                                                                                                                                                                                                       |  |
| City & State<br><b>JACKSONVILLE, FL 32225</b><br><b>(904) 841-5705 • (904) 993-6599</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |         | City & State                                                          |                                                                                                                                                                                                                                       |  |
| Zip<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                | Country |                                                                       | Zip                                                                                                                                                                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                | Country |                                                                       | 4. FEI Number<br><b>59-3660855</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                |         |                                                                       | Applied For<br>Not Applicable                                                                                                                                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><b>GODSEY, SHAWN C<br/>10327 JOLYNN CT W<br/>JACKSONVILLE FL 32225</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                |         |                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br>SIGNATURE  <b>Shawn C Godsey President</b> <span style="float: right;"><b>2/25/06</b></span><br><small>Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when reappointing)</small>                                                                |                                                                                                                                |         |                                                                       |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                |         |                                                                       | 9. Election Campaign Financing <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>                                                                                                         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b> <input type="checkbox"/> Delete<br><b>GODSEY, SHAWN C</b><br><b>10327 JOLYNN CT W</b><br><b>JACKSONVILLE FL 32225</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000460143</b><br><b>03/18/06 80061-010 150.00</b>                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                |         | TITLE<br>NAME<br>STREET ADDRESS<br>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:  <b>Shawn C Godsey President</b> <span style="float: right;"><b>2/25/06</b> <b>9049936599</b></span><br><small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |         |                                                                       |                                                                                                                                                                                                                                       |  |