2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

it changed, or on an attachment with an address, with all other like empawered.

SIGNATURE:

Mar 06, 2006 08:00 AM DOCUMENT # P00000091685 **Secretary of State** 1. Entity Name **B & G MASONRY INC.** Principal Place of Business Mailing Address 1760 14TH AVE SW VERO BEACH FL 32962 VERO BEACH FL 32962 Principal Place of Business Mailing Address 700 Sulte, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE 4. FEI Number Applied For City & State 65-1043765 Not Applicat \$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 GILLIS, BRIAN K Street Address (P.O. Box Number is Not Acceptable) 1760 14TH AVE SW VERO BEACH FL 32962 Zip Code City 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 oldsolded is still bna bnatalgerie reman bottom (NOTE Registrated Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Ba After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change ☐ Addition DELE TITLE NAME GILLIS, BRIAN K P/S/T/D MAME *U00000456546* STREET ADDRESS 1760 14TH.AVE.S.W. STREET ADDRESS 03/16/06-80032**-**025 150.00 CITY-ST-ZIF CITY-ST-ZIP VERO BEACH FL 32962 ☐ Change Addition ane☐ Delete DENNING, MELLISSA NAME NAME 1760 14TH.AVE.S.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE HTLE NAME MAME BROWN, JOHN W D STREET ADDRESS STREET ADDRESS 355 16TH.ST.S.W. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32962 Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CHY-ST-ZP ☐ Defete Change Addition TIRE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete HRLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions confained 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 lithe 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

Yelli.

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