2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000063509



FILED

Apr 20, 2007 8:00 am Secretary of State

04-20-2007 90071 028 ***150.00 1. Entity Name KING MASONRY, INC. đ Principal Place of Business Mailing Address 6392 CHASEWOOD DR 6392 CHASEWOOD DR. UNIT D UNIT D JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 17672 Cinquez Park Road 17672 Cinquez Park Road Suite, Apt. #, etc. Suite, Apt. #, etc. 03102007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Jupiter, Florida Jupiter, Florida 02-6620581 Not Applicable Country .:USA Zip 33458 Country USA \$8.75 Additional **33458** 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name King, Daniel J.
Street Address (P.O. Box Number is Not Acceptable) KING, DANIEL J 6392 CHASEWOOD DR. UNIT D JUPITER, FL 33458 17672 Cinquez Park Road City Jupiter 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CFO TITLE Change ☐ Delete TITLE ☐ Addition CEO KING, DANIEL J NAME NAME King, Daniel J. STREET ADDRESS 6392 CHASEWOOD DR. UNIT D STREET ADDRESS 17672 Cinquez Park Road CITY-ST-ZIP JUPUTER, FL 33458 CITY-ST-ZIP Jupiter, Florida 33458 TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

☐ Delete TITLE 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 ☐ 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

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF ER OR DIRECTOR