**2006 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

## Mar 08, 2006 8:00 am Secretary of State **DOCUMENT # P02000129475** 1. Entity Name 02-17-2006 90072 045 \*\*\*150.00 R.F. MASONRY, INC. Principal Place of Business Mailing Address 2608 MACLEAN CT. LAKELAND FL 33815 2608 MACLEAN CT. LAKELAND FL 33815 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/05) akeland City & State 4. FEI Number Applied For 13-4233068 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FREEMAN, ROD A Street Address (P.O. Box Number is Not Acceptable) 2608 MACLEAN CT. LAKELAND FL 33815 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 meeman Eignisture, typed or prince hame of registered agent and title if applicable, (NOTE: Remistered Agent signature required when remistalise) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Bo After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIFLE ☐ Detete TITLE ☐ Change Addition NUME FREEMAN, RODNEY A NAME STREET ADDRESS 2608 MACLEAN CT. STREET ADDRESS CITY-ST-ZP LAKELAND FL 33815 CITY-ST-ZIP TITLE Delete BILE ☐ Change Addition NAME PLANAGE STREET ADDRESS STREET ADDRESS CITY - \$7 - 742 CITY-ST-7P TITLE Delete HIL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DTI 6 Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certily that the information supplied with this filing does not quality 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 offect as if made under path; 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.

NO OFFICER OR DIRECTOR

FILED