2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State

Principal Place of Esulhass 10246 (R 209 0XFORD, FL 34484 DO NOT WRITE IN THIS SPACE 1020	DOCUMENT # P02000135095 1. Entity Name S & T MASONRY OF SUMTER, INC.				03-16-2006 90234 036 ***150.00				
DO NOT WRITE IN THIS SPACE A. FEI Number S4-2083385 No Chg. P CR2E034 (11/05)	10246 CR 20	09	10246 CR 209	•		## 110W COIN COIN SOII		0 /0/10 E(1/20) # #09/	
6. Name and Address of Current Registered Agent STOLLAR, KIM 10246 CR 209 OXFORD, FL 34484 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 FILE NOWIII FEE 18 5150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 OXFORD, FL 34484 ITHE VP MAKE STOLLAR, KIM D STOLLAR, KIM D STOLLAR, KENLY D STOLLAR, KELLY D STOLLAR, KELY	D	O NOT WRITE	CE	02062006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For					
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OXFORD, FL 34484 IN THIS SPACE 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 Society		6. Name and Address of Current R	egistered Agent		•				
THE HOUSES STOLLAR, KENNETH D STOLLAR, KENNETH D STOLLAR, KELLY D SIRET ADDRESS CITY-ST-ZP LADY LAKE, FL 32159 TITLE NAME STOLLAR, KELLY D SIRET ADDRESS SABOND THE STOLLAR S	10246 CR 209			("much tobul")				and and the second of the seco	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE POWER STOLLAR, KIM D STREE! ADDRESS 10248 CR 209 0XFORD, FL 34484 TITLE VP STOLLAR, KENNETH D STREET ADDRESS 1017-51-2P INILE STOLLAR, KELLY D STREET ADDRESS 1010-ST-2P LAKE PANASOFFKEE, FL 33538 TITLE THORSS (CITY-51-2P) INILE NAME STREET ADDRESS 1017-ST-2P INILE NAME STREET ADDRESS CITY-ST-2P WILDWOOD, FL 34785	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.								
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12. I hereby certify that the information supplied with this fitting 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	NAME STREET ADDRESS CITY-ST-ZIP	artify that the information and limited the	his files does sate with the						