


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90301 044 ***150.00

DOCUMENT # P03000077133 1. Entity Name CLASSIC MASONRY CONSTRUCTION, INC.			
Principal Place of Business 3425 SE WAALER ST. STE 202 PALM CITY FL 34990		Mailing Address 3661 COQUINA COVE WAY 202 PALM CITY FL 34990	
2. Principal Place of Business 3661 COQUINA COVE WAY		3. Mailing Address 3661 COQUINA COVE WAY	
Suite, Apt. #, etc. #202		Suite, Apt. #, etc. #202	
City & State PALM CITY FL.		City & State PALM CITY, FLORIDA	
Zip 34990	Country U.S.	Zip 34990	Country U.S.
6. Name and Address of Current Registered Agent RIESE, JEAN 2920 W. AIRPORT BLVD. SANFORD FL 32771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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. SIGNATURE <u>JEAN RIESE</u> DATE <u>4/18/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNE SUMNER, JOHN D 3661 COQUINA COVE WAY, #202 PALM CITY FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>John Sumner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7/22/06</u> Daytime Phone # <u>521 0055</u>	