2007 FOR PROFIT CORPORATION

FILED Mar 21. 2007 08:00 A tate

ANNUAL REPORT					Wiai 21, 2007 00.			
DOCU	IMENT # P030001184]		Secret	ary of St		
1. Entity Nar	me							
DUANE	THOMAS MASONRY, INC.			\ 				
				1				
	ce of Business	Mailing Address						
3229 HYPO Lantana, F	LUXO ROAD 1. 33462	3229 HYPOLUXO ROAD Lantana, Fl 33462						
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ا 				01162007	No Chg-P	CR2E034	(11/05)	
· · ·	O NOT WRITE	IN THIS SPA	CE .	4. FEI Numb	er		Applied For	
				20-032	21581		Not Applicable	
, · · · · · · · · · · · · · · · · · · ·		* . * Di, ; 4 c		5. Certificate	of Status Desired		.75 Additional Required	
	6. Name and Address of Current R	egistered Agent					h we r t	
THOMAS,	, DUANE			DO	NOT W	DITE	A The same of the	
3229 HYP	OLUXO ROAD				NOT W	'a '	1.5	
LANTANA	A, FL 33462			IN 3	THIS SP	ACE		
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8. The above	e named entity submits this statement for I	he purpose of changing its register	red office or register	red agent, or bo	ith, in the State of Flo	rida. Lam fami	liar with, and accept	
the obliga	itions of registered agent.		_			_		
SIGNATURE.		d title if apparents (NOTC: Bensier	ed Agent signature required	d when countained	3//4	DATE		
	agradus, typos a prince term of tagestores again	1		a whom lost is taking)	 		<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				00 May Be U000000675763 d to Fees 03/30/07-80031-025 150.00				
	OFFICERS AND D							
10. TITLE	P, D	IRECTORS		ts (
NAME	THOMAS, DUANE			•				
STREET ADDRESS CITY-ST-ZIP	3229 HYPOLUXO ROAD LANTANA, FL 33462		l		* 1.42			
TITLE	DANTANA, TE 30402		1	1	. •		•	
NAME					•		4	
STREET ADDRESS CITY-ST-ZIP			İ			•		
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NAME STREET ADDRESS					y cyser y y in			
CITY-ST-ZIP				DO	NOT W	RITE		
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NAME					Maria de Caractería de Car Caractería de Caractería d	•	_G	
STREET ADDRESS Ctty-St-Zip			I	•	£ 1.			

12. I hereby certify that the information supplied with this filing 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-707 1956 Daytime Phone #