

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000118558	
1. Entity Name ROSEKELLY MASONRY INC.	

Principal Place of Business 915 RAYMOND AVE DELAND, FL 32720 US	Mailing Address 915 RAYMOND AVE DELAND, FL 32720 US
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DO NOT WRITE IN THIS SPACE

02222006 No Chg-P CRZE034 (11/05)

4. FEI Number 92-0198229	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

ROSEKELLY, MARK L VP
PO BOX 1864
DELAND, FL 32721

**DO NOT WRITE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000472229
03/29/06-80028-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEKELLY, GENE 915 RAYMOND AVE DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEKELLY, MARK PO BOX 1864 DELAND, FL 327211864
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 MARCH 2006 **386717 0663**
Date Daytime Phone #