## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 22, 2006 08:00 Al DOCUMENT # P03000121234 **Secretary of State** LEWIS J. BRANNON MASONRY, INC. Principal Place of Business Mailing Address 125 ROZIER BRANNON RD. 125 ROZIER BRANNON RD. DEFUNIAI SPGS, FL 32435 US DEFUNIAK SPGS, FL 32435 US 03092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2408593 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BRANNON, LEWIS J DO NOT WRITE 125 ROZIER BRANNON RD. DEFUNIAK SPGS, FL 32435 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIFECTORS TITLE NAME BRANNON, LEWIS J U00000476344 04/06/06-80007-003 150.00 STREET ADDRESS 125 ROZIER BRANNON RD. CITY-ST-ZIP DEFUNIAK SPGS, FL 32435 TITLE BRANNON, BETTY NAME STREET ADDRESS 125 ROZIER BRANNON RD CITY-ST-ZIP DEFUNIAK SPGS, FL 32435 TATLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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