


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000132008</b> 1. Entity Name <b>FRANK CROFT MASONRY, INC</b>	
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Principal Place of Business <b>141 SW BRIM STREET LAKE CITY, FL 32024</b>	Mailing Address <b>141 SW BRIM STREET LAKE CITY, FL 32024</b>
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01222006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0397430</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CROFT, FRANK RT 11 BOX 395 LAKE CITY, FL 32024</b>
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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>X</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>4/19/06</u>

<b>FILE NOW!!! FEE IS \$150.00*</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	100000537509 05/08/06-80025-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	PV
NAME	CROFT, FRANK
STREET ADDRESS	141 SW BRIM STREET
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	ST
NAME	CROFT, MARIALYCE
STREET ADDRESS	141 SW BRIM STREET
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	VP
NAME	MCFARLAND, BRETT
STREET ADDRESS	141 SW BRIM STREET
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: <u>Frank Croft</u> <b>FRANK CROFT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/19/06</u> Daytime Phone # <u>386 755-5183</u>