


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000132049 1. Entity Name KENNY LOUDEN MASONRY, INC		
Principal Place of Business 1008 SE PEACOCK TERRACE LAKE CITY, FL 32025	Mailing Address 1008 SE PEACOCK TERRACE LAKE CITY, FL 32025	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LOUDEN, KENNY RT 19 BOX 1328 LAKE CITY, FL 32025		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOUDEN, WENDY RT 19 BOX 1328 LAKE CITY, FL 32025	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV LOUDEN, KENNY 1008 SE PEACOCK TERRACE LAKE CITY, FL 32025	
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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>Kenneth E. Loudon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>April 27, 2006 386-719-0675</u> <small>Date Daytime Phone #</small>



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0397701	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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05/13/06-80098-006 150.00