2006-FOR PROFIT-CORPORATION-ANNUAL REPORT (AR)

SIGNATURE

May 04, 2006 8:00 am Secretary of State DOCUMENT # P03000133711 1. Entity Name 05-04-2006 90242 029 ***158.75 T E MASONRY INC. Principal Place of Business Mailing Address 2490 BAR LOU CT. 2490 BAR LOU CT. ST. CLOUD FL 34771 ST. CLOUD FL 34771 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 52-2416305 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUTTER, BERNARD R Street Address (P.O. Box Number is Not Acceptable) 3036 BIG SKY BLVD. KISSIMMEE FL 34744 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00: 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Secretary Patrick Taylor Emery TITLE ☐ Delete TITLE Change Addition EMERY, LOUIS T NAME NAME STREET ADDRESS 2490 Bar Lou Court STREET ADDRESS 2490 BAR LOU CT. CiTY-ST-ZIP St.Cloud, Florida CITY-ST-ZIP ST. CLOUD FL 34771 34771 ☐ Delete Change ☐ Addition TITLE TITLE EMERY, CAROL A NAME NAME STREET ADDRESS 2490 BAR LOU CT. STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIE ST. CLOUD FL 34771 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C/TY-ST-78P ☐ Addition TITLE ☐ Delete nn e ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

