## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 24, 2006 8:00 am DOCUMENT # P03000137530 **Secretary of State** 1. Entity Name 03-24-2006 90039 022 \*\*\*150.00 TERRY STEPHENS MASONRY, INC. Principal Place of Business Mailing Address 230 HORIZON RIDGE DR ORANGE CITY FL 32774 P O BOX 741251 ORANGE CITY FL 32774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 03-0531931 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABELES, DAVID E ESQ. Street Address (P.O. Box Number is Not Acceptable) 5 W. HIGHBANKS RD. DEBARY FL 32713 City Zin Code 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 filto if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** ☐ Delete TITLE Change ☐ Addition NAME STEPHENS, TERRY S NAME address 230 Horizon Ridge Dr Orange Lity Fl. 32743 STREET ADDRESS STREET ADDRESS 7 SUNSET DR. CHY-ST-7IP CITY-ST-ZIP DEBARY FL 32713 230 Horizon Ridge Dr. Orange City Fl. 32763 TITLE VTD ☐ Delete TITLE 2-Change Addition STEPHENS, LYDIA NAME NAME address STREET ADDRESS STREET ADDRESS 7 SUNSET DR. CITY-ST-ZIP DEBARY FL 32713 CITY - \$T - ZIP THLE Delete THILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

386-960-5721