


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90019 012 ***155.00

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| DOCUMENT # P03000137840 |  |
| 1. Entity Name CHUCK'S MASONRY, INC. | |

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| Principal Place of Business 1094 HOPKINS LANE ZOLFO SPRINGS, FL 33890 | Mailing Address 1094 HOPKINS LANE ZOLFO SPRINGS, FL 33890 |
|---|---|

60046411



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| 2. Principal Place of Business - No P.O. Box # 1094 Hopkins Lane | 3. Mailing Address Suite, Apt. #, etc. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

07172008 Chg-P CR2E034 (12/06)

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| City & State Zolfo Springs, Florida | City & State |
| Zip 33890 | Country U.S.A. |

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| 4. FEI Number 20-0431477 | Applied For <input type="checkbox"/> Not Applicable |
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| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | |
| 7. Name and Address of New Registered Agent Name Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22nd Street / 4th Floor City Miami FL 33145 | |

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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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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 Charles A. Ripperger, Jr. | DATE August 1, 2008 |

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| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD RIPPERGER, CHARLES A JR 1094 HOPKINS LANE ZOLFO SPRINGS, FL 33890 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | No Changes Same as 10. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD RIPPERGER, VASANA K 1094 HOPKINS LANE ZOLFO SPRINGS, FL 33890 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | No Changes Same as 10. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD COPP, JAMES PAH 1094 HOPKINS LANE ZOLFO SPRINGS, FL 33890 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | No Changes Same as 10. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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: Charles A. Ripperger, Jr. | DATE: August 1, 2008 |

1-863-245-9452