
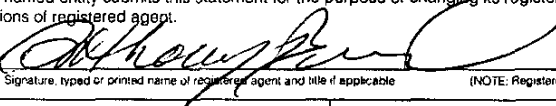
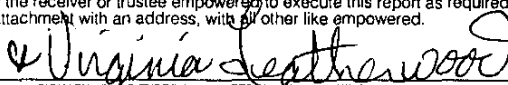


**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90053 034 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

60005393

<b>DOCUMENT # P03000146156</b>			
1. Entity Name <b>LEATHERWOOD MASONRY CONTRACTING, INC.</b>			
Principal Place of Business <b>25 C 41ST STREET MARATHON, FL 33050</b>		Mailing Address <b>P.O. BOX 904 MARATHON, FL 33050</b>	
2. Principal Place of Business <b>8819 Springtree Lakes Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>8819 SPRINGTREE TREE LAKES DR</b> Suite, Apt. #, etc.	
City & State <b>SUNRISE, FL</b>		City & State <b>SUNRISE FL</b>	
Zip <b>33351</b>		Country <b>USA</b>	
4. FEI Number <b>APPLIED FOR 36-2422697</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MANZ, DAVID L ESQ. 5800 OVERSEAS HIGHWAY MARATHON, FL 33050</b>		7. Name and Address of New Registered Agent Name <b>A. BERNARD FINANCIAL SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) <b>9032 SW 152ND ST</b> City <b>MIAMI</b> FL <b>33157</b>	
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  DATE <b>1/20/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEATHERWOOD, JOHNNIE 2821 DOLPHIN DRIVE MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEATHERWOOD, Johnnie PO BOX 904 MARATHON, FL 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEATHERWOOD, VIRGINIA 2821 DOLPHIN DRIVE MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEATHERWOOD, Virginia 8819 SPRINGTREE LAKES DRIVE SUNRISE, FL 33351 <input checked="" 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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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
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/21/06</b> Daytime Phone # <b>(954) 578-2413</b>	