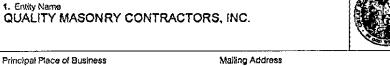
2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000148164 QUALITY MASONRY CONTRACTORS, INC.



3215 CLEVELAND HEIGHTS BLVD.

LAKELAND, FL 33803

FILED Mar 09, 2006 08:00 AM Secretary of State





DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

03042006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-0487451 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

Daytime Phone #

COX, JOHN E 3215 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33803

3215 CLEVELAND HEIGHTS BLVD.

LAKELAND, FL 33803

SIGNATURE:

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 Signature, typed or printed name of registered agent and title if applicable. (INDTE: Registered Agent signature required when relinating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Efection Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May 8e Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE MAME STREET ADDRESS GITY-ST-ZIP	P COX, JOHN E 3215 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803				U00000462307
TITLE HAME STREET ADDRESS CITY-\$1-27P					03/21/06-8003 0- 018 150.00
TITLE NAME STREET ADDRESS CITY ST 21P				DO	NOT WRITE
title Name Street address City-St- <i>t</i> ip				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME		1			
STREET ADDRESS		1			
CITY-ST-ZIP		<u>}</u>			
12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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.					