2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000002387

1. Entity Name
RUFUS JONES MASONRY, INC.

Principal Place of Business	Mailing Address
2341 AMEILIA LN. PENSACOLA, FL 32526	2341 AMEILIA LN. PENSACOLA, FL 32526

DO NOT WRITE IN THIS SPACE

04202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0653240	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, JUDY M
807 WEST GARDEN ST
PENSACOLA, FL 32501

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE _____

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JONES, RUFUS
STREET ADDRESS	2341 AMELIA LANE
CITY-ST-ZIP	PENSACOLA, FL 32526

TITLE	SEC
NAME	JONES, ANNIE L
STREET ADDRESS	2341 AMELIA LANE
CITY-ST-ZIP	PENSACOLA, FL 32526

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/04/06-80085-018 150.00

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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: _____ 4-20-06   850-982-1394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #