- 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000009474 1. Entity Name 07 APR 25 PM 2: 19 **B & B CUSTOM MASONRY, INC.** SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1206 ELM ROAD 1206 ELM ROAD TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32304 2. Principal Place of Business - No P.O/Box # 676701P Bara R 3. Mailing Address 6767 010. Bard R.J 04252007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For 20-0583697 Not Applicable Country 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 PENNINGTON, KEVIN Street Address (P.O. Box Number is Not Acceptable) 2715 CRICKET RD TALLAHASSEE, FL 32310 010 6767 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 title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Kevin Pennington, Change Add
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David Butter Change Made OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE Addition PENNINGTON, KEVIN NAME NAME 2715 CRICKET RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP Delete TITLE Addition TITLE ROGERS, LEE NAME NAME STREET ADDRESS 1206 ELM RD. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HEAD, JAMES M NAME NAME STREET ADDRESS 1211 MATTHEW WAY STREET ADDRESS TALLAHASSEE, FL 32310 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition ☐ Change **800101234978** 05/02/07--01051--030 **150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 plusher like empowered. SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR