2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000009474 FILED 1. Entity Name 2008 APR 30 AM 8: 14 B & B CUSTOM MASONRY, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6767 OLD BARN RD 6767 OLD BARN RD TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04302008 Chg-P City & State City & State 4 FEI Number Applied For 20-0583697 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PENNINGTON, KEVIN Street Address (P.O. Box Number is Not Acceptable) 6767 OLD BARN RD TALLAHASSEE, FL 32310 City Zip Code 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 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. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITI F ☐ Delete TITLE PENNINGTON, KEVIN NAME NAME 6767 OLD BARN RD STREET ADDRESS STREET ADDRESS CITY ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-7IP V Lee Rosers 6767 010 Bain Rd ☐ Change X.Addition Delete TITLE TITLE BUTLER, DAVID NAME NAME 6767 OLD BARN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32310 ☐ Change Addition Delete TITLE TITLE HEAD, JAMES M NAME NAME STREET, ADDRESS STREET ADDRESS 1211 MATTHEW WAY CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32310 -- **70012750686** 04/30/08--01057--014 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 other like empowered. Series June L. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Ken Daytime Phone