2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

## Mar 14, 2006 08:00 AM DOCUMENT # P04000017006 **Secretary of State** 1. Entity Name JOSE HERNANDEZ MASONRY, INC. Principal Place of Business Mailing Address 13 ALLAMANDA TERR KEY WEST FL 33040 6310 SECOND ST KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 20-0899962 Not Applicate Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEBSTER, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 501 WHITEHEAD ST KEY WEST FL 33040 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. SIGNATURL Signature, typed or printed name of registered agent and fills if applicable DATE (NOTE: Registered Agent signature required wiven reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTURS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BHE ☐ Delete TITLE Change Adding the second of the secon NAME HERNANDEZ, JOSE L MAME U00000467<u>47</u>9 STREET ADDRESS 13 ALLAMANDA TERR STREET ADDRESS 03/23/06-80052-007 150.00 CHY-ST-7P KEY WEST FL 33040 CITY-ST-ZIP TITLE Delete 1/714 □ Change □ Aiki" MAMS HERNANDEZ, MARGARET P MANAS STREET ADDRESS 13 ALLAMANDA TERR STHEET ADDRESS CITY-ST-ZIF KEY WEST FL 33040 CITY-ST-ZIP THE Delete TITLE Change 🔲 Addi NAME MANE STREET ADDRESS STRELL ADDRESS CITY-ST-21P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Ani BILL MAME MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE Change □ és. NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-21P CHY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Acc TITLE NAME NAME STREET AUDRESS STREET ADDRESS City-St-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information discreted on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or directly 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 it changed, or on an allactionent with an address, with all other like empowered.

**FILED**