2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000017350 01-24-2006 90011 006 ***150.00 LARRY CURRAN MASONRY, INC. Principal Place of Business Mailing Address **1601 WORLEY AVENUE** 1425 S. HARBOR DR MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952-5671 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FFI Number 76-0749515 Not Applicable Zip Country 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 **CURRAN, LARRY** Street Address (P.O. Box Number is Not Acceptable) 1601 WORLEY AVENUE MERRITT ISLAND, FL 32952 City Zio Code FL 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 cristed name of registered agent and title 4 applicable. (NOTE: Recistered Agent suggesting required when registration) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITS F POST ☐ Delete TITLE ☐ Change Addition CURRAN, LARRY NAME 1601 WORLEY AVENUE STREET ADORESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CTTY-ST-ZIP VPD TITLE Delete TILE Change ■ Addition KING, MIKE NAME NAME 1640 N. BANANA RIVER DR. MERRITT ISLAND, FL 32952 STREET ADDRESS 1601 WORLEY AVENUE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-7P VPD TITLE ☐ Defete TITLE Change ☐ Addition CURRAN, JERRY NAME NAME STREET ADDRESS 1460 S. LESTER COURT STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-ZP TITLE TITI F ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZP CATY-ST-ZIP 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. 1/12/06 3a1-SIGNATURE:

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FILED

Jan 24, 2006 8:00 am