2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 26, 2007 8:00 am Secretary of State DOCUMENT # P04000017350 1. Entity Namo 01-26-2007 90037 028 ***150.00 LARRY CURRAN MASONRY, INC. Principal Place of Business Mailing Address 1425 S. HARBOR DR 1601 WORLEY AVENUE MERRITT ISLAND FL 32952-5671 MERRITT ISLAND FL 32952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 76-0749515 Not Applicable Zin Country Country \$8.75 Additional Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURRAN, LARRY Street Address (P.O. Box Number is Not Acceptable) 1601 WORLEY AVENUE MERRITT ISLAND FL 32952 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signalists required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDST ☐ Delete TITLE HHE ☐ Change Addition CURRAN, LARRY NAMI NAME 1601 WORLEY AVENUE STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952 CHY ST-ZIP CHY ST ZIP VPD TITLE ☐ Delete 11314 ☐ Change ☐ Addition KING, MIKE NAM 1640 N BANANA RIVER DR STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32952 CHY ST ZIP CHY ST ZIP VPD Shange THE ☐ Delete 11711 ■ Addition CURRAN, JERRY NAME NAME 1460 LESTER COURT 1460 S. LESTER COURT STREET ADDRESS SIDELL ADDRESS MERRITT ISLAND FL 32952 CHY-ST-7IP CHY S1-7IP THEF ☐ Delete 11111 ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CHY ST ZIP ☐ Delete ☐ Change ☐ Addition 1000 11311 NAME NAME STREET ADDRESS SHREET ADDRESS CHY SI ZIP CHY SL ZIP TALE ☐ Defete ☐ Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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.

NAME

STREET ADDRESS

CHY SI-ZIP

NAME

STREET ADDRESS

CHY ST-ZIP

FILED