## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000031829

1. Entity Name
DAVIS MASONRY AND DESIGN, INC.



FILED Apr 03, 2006 08:00 AM Secretary of State

Principal Place of Business

1711 EAST SEWAHA STREET TAMPA, FL 33612 US Mailing Address

1711 EAST SEWAHA STREET TAMPA, FL 33612 US



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03252006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0744802 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DAVIS, TERRANCE P 1711 EAST SEWAHA STREET TAMPA, FL 33612

## DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.	arposa or charging its registered of	iice or	единева адели, от роли,	in ine state of Florica. I am familia while, and accep	J1
SIGNATURE.	Signature, typed of printed name of registered agent and title i	applicable [NOTE, Registered Ager	n signaku	e required when remarking)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				$\neg$
TITLE HAME STREET ADDRESS DITY-ST-ZIP TITLE HAME STREET ADDRESS DITY-ST-ZIP	PSTD DAVIS, TERRANCE P 1711 EAST SEWAHA STREET TAMPA, FL 33612				U00000491237 04/19/06-80015-005 158	3.75
TITLE HAME STREET ADDRESS CITY-ST-2IP TITLE					NOT WRITE HIS SPACE	

(12. I hereby certify that the information supplied with this filling does not quality for the exemptions contended 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 reogiver 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, in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

3-29-06

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