

**2006 FOR PROXY CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000038969**

1. Entity Name  
**TEAM MASONRY & PRECAST, INC.**



Principal Place of Business  
**5383 14TH AVE. SW  
NAPLES, FL 34116 US**

Mailing Address  
**5383 14TH AVE. SW  
NAPLES, FL 34116 US**



07252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0754215**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MARKS, PEGGY E  
5383 14TH AVE. SW  
NAPLES, FL 34116**

**DO NOT WRITE  
IN THIS SPACE**

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 Peggy E Marks P/S Peggy E. Marks August 15, 2006  
Signature, print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	MARKS, JAMES
STREET ADDRESS	5383 14TH AVE. SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	P/S
NAME	MARKS, PEGGY E
STREET ADDRESS	5383 14TH AVE. SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000574695  
08/18/06-80002-012 550.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: Peggy E. Marks P/S Peggy E. Marks 8-15-06 239-352-4760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #