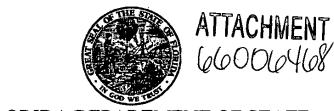
2006 FOR PROFIT CORPORATION --- ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # P04000048867 03-10-2006 90018 047 ***150.00 1. Entity Name DOUGLAS WOFFORD MASONRY, INC. Principal Place of Business Mailing Address 799 SE SEAHOUSE DRIVE PORT ST LUCIE FL 34983 799 SE SEAHOUSE DRIVE PORT ST LUCIE FL 34983 2. Principal Place of Business 3. Mailing Address Dr 799 JE Seahouse Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) **KOCT** Çity & State City & State Applied For 4. FEI Number 20-0890163 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOFFORD, DOUGLAS K 799 SE SEAHOUSE DRIVE PORT ST LUCIE FL 34983 DR. The above name the obligations of regi 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 104 SIGNATURE FILE NOW!!! FEE IS \$150.00 ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State **CFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITL F ☐ Delete Change ■ Addition NAME WOFFORD, DOUGLAS K NAME STREET ADDRESS 799 SE SEAHOUSE DRIVE STREET ADDRESS CLTY-ST-ZIP PORT ST LUCIE FL 34983 CITY-ST-ZIP Secretary - Treasurer IIILE Delete TM F ☐ Addition Jeanne Wofford 799 SE Searouse Dr. STREET ADDRESS STREET ADDRESS CITY - ST- ZIP PORT ST. LUCUL FL. 34983 CITY-ST-ZP Delete TITLE TATES ☐ Change ☐ Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Detete TITLE ☐ Change ■ Addition NAME NAME STREET) ADDRESS CTREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP □ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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 if made under oath; that I em 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.

Mar 22, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2006

DOUGLAS WOFFORD MASONRY, INC. 799 SE SEAHOUSE DRIVE PORT ST LUCIE, FL 34983

Subject: DOUGLAS WOFFORD MASONRY, INC.

Reference Number:

P04000048867

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION