FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90184 042 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000075596

1. Entity Name
MASONRY TECHNIQUES, INC.

Principal Place of Business	Mailing Address
14243 MAY ACRES LANE JACKSONVILLE, FL 32218	14243 MAY ACRES LANE JACKSONVILLE, FL 32218

40069983

03242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
16847 OAK HILL ROAD	16847 OAK HILL ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HILLARD, FL	City & State: HILLARD, FL
Zip: 32046 Country: U.S.	Zip: 32046 Country: U.S.

4. FEI Number: 20-2055818 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEARSON SR., JACKIE 14243 MAY ACRES LANE JACKSONVILLE, FL 32218	Name: PEARSON SR., JACKIE Street Address (P.O. Box Number is Not Acceptable): 16847 OAK HILL ROAD City: HILLARD, FL Zip Code: 32046

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT PEARSON, JACKIE L 14243 MAY ACRES LANE JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	16847 OAK HILL ROAD HILLARD, FL 32046	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHEFFIELD, PATRICIA A 14243 MAY ACRES LANE JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SHEFFIELD, PATRICIA A 14243 MAY ACRES LANE JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 _____ 04/07/06 904 334-9920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #