2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000093340

1. Entity Name

BARRY MAST CONCRETE AND MASONRY, INC.



FILED
May 04, 2006 08:00 AM
Secretary of State

Principal Place of Business 201 WESTOVER CIRCLE PALATKA, FL 32177 Mailing Address 201 WESTOVER CIRCLE PALATKA, FL 32177



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 05012006
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 38-3723399
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAST, GENE B 201 WESTOVER CIRCLE PALATKA, FL 32177

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

| 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 5-grear re-ryped or printed name of registered agent and title if applicable (NICTE Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | Election Campaign Financi Trust Fund Contribution. | ng 🔲 | \$5.00 May Be Added to Fees | 000000562648 05/19/06-80065-002 150 00 |
| 10. | OFFICERS AND DIREC | CTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAST, GENE B 201 WESTOVER CIRCLE PALATKA, FL 32177 | | | | |
| TITLE NAME STREET ADDRESS CHY-SI-ZIP | | | | | |
| Title Name Street Address City-St-Zip | | | | DO | NOT WRITE |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IN T | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | | | |
| 12. Thereby certify that the information supplied with this filling 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. | | | | | |