
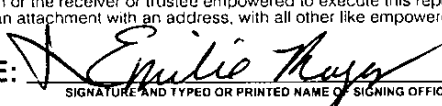


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90099 008 ***150.00

DOCUMENT # P04000127800					
1. Entity Name PALM COAST MASONRY CONSTRUCTION, INC.					
Principal Place of Business 1800 OLD MOODY BLVD LOT 998 BUNNELL, FL 32110			Mailing Address 6 BUNKER LANE PALM COAST, FL 32137		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 31 Reybury Ln.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Palm Coast, FL		4. FEI Number 73-1717577	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32164		us		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REYES, ALEXIS G 6 BUNKER LANE PALM COAST, FL 32137			Name Alexis G. Reyes Street Address (P.O. Box Number Is Not Acceptable) 31 Reybury Ln. City Palm Coast FL Zip Code 32164		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME REYES, ALEXIS G		TITLE D	NAME Alexis G Reyes	
STREET ADDRESS 6 BUNKER LANE	CITY-ST-ZIP PALM COAST, FL 32137		STREET ADDRESS 31 Reybury Ln.	CITY-ST-ZIP Palm Coast, FL 32164	
TITLE D	NAME REYES, EMILIO		TITLE D	NAME Emilio Reyes	
STREET ADDRESS 6 BUNKER LANE	CITY-ST-ZIP PALM COAST, FL 32137		STREET ADDRESS 31 Reybury Ln	CITY-ST-ZIP Palm Coast, FL 32164	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: 			8-8-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		