

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

06-14-2006 90005 020 ***158.75

DOCUMENT # P04000148618 1. Entity Name HSB MASONRY, INC.					
Principal Place of Business 705 ESTATES COVE ROAD JACKSONVILLE, FL 32221			Mailing Address 705 ESTATES COVE ROAD JACKSONVILLE, FL 32221		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-2155721	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARMON, R BURKE 705 ESTATES COVE ROAD JACKSONVILLE, FL 32221				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <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	DP HARMON, R BURKE <input type="checkbox"/> Delete		TITLE	T Harmon, Matthew B <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	705 ESTATES COVE ROAD		NAME	705 Estates Cove Rd.	
STREET ADDRESS	JACKSONVILLE, FL 32221		STREET ADDRESS	Jacksonville, FL 32221	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S HARMON, JOYCE C <input type="checkbox"/> Delete		TITLE		
NAME	705 ESTATES COVE ROAD		NAME		
STREET ADDRESS	JACKSONVILLE, FL 32221		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V HILL, SARAH H <input type="checkbox"/> Delete		TITLE		
NAME	705 ESTATES COVE ROAD		NAME		
STREET ADDRESS	JACKSONVILLE, FL 32221		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T HILL, AUSTIN <input checked="" type="checkbox"/> Delete		TITLE		
NAME	705 ESTATES COVE ROAD		NAME		
STREET ADDRESS	JACKSONVILLE, FL 32221		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Sarah A. Hill</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 6/13/06 Daytime Phone # 904-695-0944		