
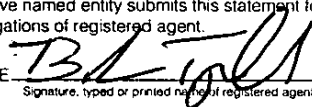
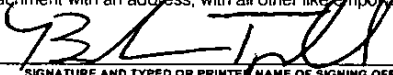


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90014 039 \*\*\*150.00

<b>DOCUMENT # P04000161293</b> 1. Entity Name <b>BRANDEN A. TYRRELL MASONRY &amp; CONCRETE INC.</b>			
Principal Place of Business <b>2586 CHEVAL STREET BLDG 20 #103 ORLANDO, FL 32828</b>		Mailing Address <b>2586 CHEVAL STREET BLDG 20 #103 ORLANDO, FL 32828</b>	
2. Principal Place of Business <b>1452 Victoria Village Ln.</b>		3. Mailing Address <b>1452 Victoria Village Ln.</b>	
Suite, Apt. #, etc. <b>Apt. 4210</b>		Suite, Apt. #, etc. <b>Apt. 4210</b>	
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>	
Zip <b>32828</b>		Zip <b>32828</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>TYRRELL, BRANDEN A 2586 CHEVAL STREET BLDG 20 #103 ORLANDO, FL 32828</b>		7. Name and Address of New Registered Agent Name <b>Tyrrell, Branden A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1452 Victoria Village Ln.</b> <b>Apt. 4210</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32828</b>	
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  DATE <b>5/19/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	P <b>TYRRELL, BRANDEN A</b> <b>2586 CHEVAL STREET BLDG 20 #103</b> <b>ORLANDO, FL 32828</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Tyrrell, Branden A.</b> <b>1452 Victoria Village Ln. Apt. 4210</b> <b>Orlando FL 32828</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>TYRRELL, KELLY</b> <b>2586 CHEVAL STREET BLDG 20 #103</b> <b>ORLANDO, FL 32828</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Tyrrell, Kelly</b> <b>1452 Victoria Village Ln. Apt. 4210</b> <b>Orlando FL 32828</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		5/19/06 407 996 4030 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

40054000



05172006 Chg-P CR2E034 (11/05)

4. FEI Number  
**27-0110699**  
Applied For  
Not Applicable

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