2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: BULL

Secretary of State DOCUMENT # P05000090059 04-17-2006 90363 046 ***150.00 B. FRANKS MASONRY INC. Principal Place of Business Mailing Address 66013943 2205 47TH AVE DR W 2205 47TH AVE DR W BRADENTON, FL 34207 BRADENTON, FL 34207 2. Principal Place of Business 3. Mailing Address Suite, Apt. *, etc. Suite, Apt. #, etc. 03292006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 20-3024764 Not Applicable Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANKS, BILLY R JR. Street Address (P.O. Box Number is Not Acceptable) 2205 47TH AVE DR W BRADENTON, FL 34207 City 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 SIGNATURE Signature, typed or pricate Lineme of registered agent and ade II approache. (NOTE: Registered Agent e-gradure required when retreating) DATE B. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TULE ☐ Addition FRANKS, BILLY R JR. NAME NAME 2205 47TH AVE DR W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34207 CITY-SI-ZIP MILL Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP MLE Detete ΠΩE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ITTLE ☐ Delete TILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP me Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-7P MLE Deleta TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CLFY-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 chapter 607. Florida Statutes is not attachment with an address, with all other like empowered.

FILED

4-13-06 941-960-950)

May 03, 2006 8:00 am