


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90030 050 ***150.00

DOCUMENT # P05000097272 1. Entity Name ANTHONY MARINO'S MASONRY, INC.					
Principal Place of Business 8144 BUD DOUGLAS COURT MICCO, FL 32976 US			Mailing Address 8144 BUD DOUGLAS COURT MICCO, FL 32976 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2970 Tinley Rd SE Suite, Apt. #, etc.			
City & State City: Palm Bay, FL		4. FEI Number 20-3280884		Applied For <input type="checkbox"/> Not Applicable	
Zip 32909		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name: Crespinio Marino Street Address (P.O. Box Number is Not Acceptable): 2970 Tinley Road SE City: Palm Bay FL Zip Code: 32909		
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: <u>Crespinio Marino</u> DATE: <u>3/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINO, ANTHONY 1581 HALSTEAD AVE NW PALM BAY, FL 32907		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete		President, Treasurer, Director Anthony Marino 1581 Halstead Ave NW Palm Bay, FL 32907			
<input type="checkbox"/> Delete		Secretary, Director Crespinio Marino 2970 Tinley Rd. SE Palm Bay, FL 32909			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<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: <u>Anthony Marino</u> <u>Anthony Marino</u> 03/11/06 772-473-9783 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					