

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90128 023 \*\*\*150.00

DOCUMENT # P05000103830

1. Entity Name

CURTIS MASONRY, INC.



Principal Place of Business

4 DORADO BEACH COURT  
ORMOND BEACH FL 32174  
US

Mailing Address

4 DORADO BEACH COURT  
ORMOND BEACH FL 32174  
US

bb00947b



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3219833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

CURTIS, CHRISTINE P  
4 DORADO BEACH COURT  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

P  
CURTIS, DANIEL G  
4 DORADO BEACH COURT  
ORMOND BEACH FL 32174

TITLE NAME ☐ Delete

VP  
CURTIS, DANIEL G  
4 DORADO BEACH COURT  
ORMOND BEACH FL 32174

TITLE NAME ☐ Delete

S  
CURTIS, DANIEL G  
4 DORADO BEACH COURT  
ORMOND BEACH FL 32174

TITLE NAME ☐ Delete

T  
CURTIS, DANIEL G  
4 DORADO BEACH COURT  
ORMOND BEACH FL 32174

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/06 386-671-0366

Date

Daytime Phone #