2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an ardiress, with all

SIGNATURE AND TYPED OR

SIGNATURE:

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P05000125942 04-03-2006 90395 008 ***150.00 NETHERCOTT BROS. MASONRY, INC. Principal Place of Business Mailing Address **40 HIGH STREET** 12607 ELGIN TERRACE 50007820 GREENWICH, CT 06830 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address 8374 Market St. Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 CR2E034 (11/05) Chg-P 186 Box City & State Applied For City & State 4. FEI Number 20-3473723 Bradenton, FL Not Applicable Country \$8.75 Additional Ziρ Country 5. Certificate of Status Desired 34202 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, CLIFFORD M Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SUITE 303 SARASOTA, FL 34237 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Change Ch TITLE ☐ Detete NETHERCOTT, WILLIAM J NAME NAME 12007 Elgin Terrace STREET ADDRESS STREET ADDRESS **40 HIGH STREET** GREENSICH, CT 06830 CITY-ST-ZIF CITY-ST-ZIP Bradenton, FL 34202 ☐ Delete TITLE Change Ch ☐ Addition TITLE NETHERCOTT, JOSEPH R NAME 13600 Montclair Place 20 BISHOP DRIVE S STREET ADDRESS STREET ADDRESS CITY-ST-7IP GREENWICH, CT 06831 CITY - ST - ZIP Bradenton, FL 34202 Change Addition TITI F Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete 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

FILED

Daytime Phone #