


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90038 027 ***150.00

DOCUMENT # P05000146151 1. Entity Name M E G MASONRY, INC.					
Principal Place of Business 299 CINNAMON LAKE CIRCLE MELBOURNE, FL 32901			Mailing Address 299 CINNAMON LAKE CIRCLE MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box # 3755 1st Avenue Suite, Apt. #, etc.		3. Mailing Address 3755 1st Avenue Suite, Apt. #, etc.			
City & State Valkaria FL		City & State Valkaria, FL		4. FEI Number 03-0573604	
Zip 32950		Country Brevard		Zip 32950	
Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, ALLEN T 2087-A SARNO RD. MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name Michael E. Grant Street Address (P.O. Box Number is Not Acceptable) 3755 1st Avenue City Valkaria FL Zip Code 32950	
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 1/19/07 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 GRANT, MICHAEL E 299 CINNAMON LAKE CIRCLE MELBOURNE, FL 32901 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D + P Grant, Michael E. 3755 1st Avenue Valkaria, FL 32950 <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	
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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: Michael E. Grant <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/19/07 Daytime Phone # 321-288-7074		