2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORTURATIONS DOCUMENT # P05000146432 1. Entity Name DAVIS CONSTRUCTION & MASONRY, INC. 06 AUG 28 PM 1:21 Principal Place of Business Mailing Address **310 BRUNSON AVENUE** 310 BRUNSON AVENUE COCOA, FL 32922 US COCOA, FL 32922 US 2. Principal Place of Business 3. Mailing Address 467 torres of Forres Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 08122006 Chg-P 124 124 City & State City & State 4. FEI Number Applied For 34-2059736 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired SPRZ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRAVES, DONNA L 120 E. CONCORD STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 Zip Code City 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) 9. Election Campaign Financing \$5.00 May Be Amended AR Is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Jec'T/Treasurer VPST TITLE Delete TITLE CAMPBELL, MERCHER NAME NAME 467 Forrest Aue #124 CoCoa F1 32922 310 BRUNSON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition DAVIS, DERON NAME NAME 310 BRUNSON AVENUE STREET ADDRESS STREET ADDRESS 467 Forrest Aug +124 CITY-ST-ZIP COCOA, FL 32922 CITY-ST-ZIP **Addition** TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY+ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME 100079281521 STREET ADDRESS STREET AODRESS 08/30/06--01052--011 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST-ZIP 12. Thereby certify that the information supplied with this filing does not quality 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 attach from with an address, with all other like empowered.