2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 29, 2008 8:00 am Secretary of State **DOCUMENT # P94000039433** 1. Entity Name 02-29-2008 90011 044 ***150.00 DWIGHT E. BROWN MASONRY, INC. Principal Place of Business Mailing Address 33668 MAPLE LANE PUNTA GORDA FL 33982 33668 MAPLE LANE PUNTA GORDA FL 33982 2. Principal Place of Business - No P.O. Box # 6101 Duncan 6101 DUNCAR 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For 65-0493313 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, ROGER H III Street Address (P.O. Box Number is Not Acceptable) 99 NESBIT STREET PUNTA GORDA FL 33950 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. (NOTE: Registered Agent disporture required when reinstating FILE NOW!!! FEE IS:\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 🗶 Delete TITLE TITLE Change Addition NAME DAWSON, STERLING NAME STREET ADDRESS 11450 FIRST STREET STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33955 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition BROWN, DWIGHT NAME NAME STREET ADDRESS 33668 MAPLE LAN STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33982 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME N-ME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS OffY- \$1- ZIP OHY-S1-219 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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.

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