

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000043669

Entity Name: MASONRY ENTERPRISES, INC.

FILED
Apr 05, 2006
Secretary of State

Current Principal Place of Business:

1305 NW 165 CT RD
DUNNELLON, FL 34432

New Principal Place of Business:

16740 NW 53 ST
MORRISTON, FL 32668

Current Mailing Address:

PO BOX 397
OCALA, FL 344780397 US

New Mailing Address:

FEI Number: 59-3252184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAEZ, JOSEPH
1305 NW 165TH CT RD
DUNNELLON, FL 34432 US

Name and Address of New Registered Agent:

SAEZ, JOSEPH P
16740 NW 53 ST
MORRISTON, FL 32668 US

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.

SIGNATURE: JOSEPH SAEZ

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAEZ, JOSEPH
Address: 1305 NW 165TH CT RD
City-St-Zip: DUNNELLON, FL 34432

Title: ST () Delete
Name: SAEZ, SHIRLEY A
Address: 1305 NW 165TH CT RD
City-St-Zip: DUNNELLON, FL 34432

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAEZ, JOSEPH
Address: 16740 NW 53 ST
City-St-Zip: MORRISTON, FL 32668

Title: ST (X) Change () Addition
Name: SAEZ, SHIRLEY A
Address: 16740 NW 53 ST
City-St-Zip: MORRISTON, FL 32668

Title: D () Change (X) Addition
Name: SAEZ, JOSEPH III
Address: 16550 NW 46 ST
City-St-Zip: MORRISTON, FL 32668

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY A SAEZ

ST

04/05/2006

Electronic Signature of Signing Officer or Director

Date