2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000012243 Mar 26, 2007 08:00 AM **Secretary of State** KC MASONRY, INC. Principal Place of Business Mailing Address 4412 5TH PLACE S.W. VERO BEACH FL 32968 7750 U.S. HWY 1 VERO BEACH FL 32967 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0058416 Not Applicable Country Zip Country \$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 CHESNUT, KENNETH C Street Address (P.O. Box Number is Not Acceptable) 7750 U.S. HWY 1 VERO BEACH FL 32967 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Tille ☐ Change Addition Delete 100 CHESNUT, KENNETH C NAME 7750 U.S. HWY 1 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32967 CITY - ST-ZIP CHY-SI-7P 11111 Delete ☐ Change Addition KLILE NAME NAMI U000000678829 STREET ADDRESS STREET LADDRESS 04/03/07-80013-015 150.00 CHY-SI-ZIP CHY-S1-7IP Delete mu: Change Addition NAMI NAMI STREET LADDRESS STREET ADDRESS CITY-ST-ZIP CHY-St-7IP TATLE Delete 11111 □ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P CITY+ST-7IP THE ☐ Defete 10111 Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

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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 eath; 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:

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SIGNATURE:

| Date |

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information