

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90024 029 \*\*\*150.00

**DOCUMENT # P95000079054**

1. Entity Name

**MODERN MASONRY, INC.**



Principal Place of Business

260 OLD HARD RD.  
ORANGE PARK FL 32003

Mailing Address

260 OLD HARD RD.  
ORANGE PARK FL 32003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number  
**59-3338647**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLEY, HENRY R**  
**260 OLD HARD RD.**  
**ORANGE PARK FL 32073**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 obligation of registered agent.

SIGNATURE

Signature, hand or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**3 / 10 / 06**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **KELLEY, HENRY R**  
STREET ADDRESS **260 OLD HARD RD.**  
CITY-STATE-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE **S** ☐ Delete  
NAME **TESCHEDDORF, BRUCE W**  
STREET ADDRESS **4022 INGLEWOOD DR.**  
CITY-STATE-ZIP **MIDDLEBURG FL 32068**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. 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 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 information.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3 / 10 / 06**

Date

**(904) 449/8176**

Reverse Phone #