

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90102 041 ***150.00

DOCUMENT # P96000000117

1. Entity Name

PALM MASONRY, INC.



Principal Place of Business

**PO BOX 1408
FLAGLER BEACH FL 32136**

Mailing Address

**PO BOX 1408
FLAGLER BEACH FL 32136**



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

59-3353578

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

**AZARIAN, SANDRA B
1908 N CENTRAL AVENUE
FLAGLER BEACH FL 32136**

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 obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME **D**
STREET ADDRESS **AZARIAN, SANDRA B**
CITY-ST-ZIP **P O BOX 1408
FLAGLER BEACH FL 32136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandra Azarian **SANDRA AZARIAN** 5-1-06 386 586
08 39

ATTACHMENT

To whom it may concern: ⁵⁻²⁻⁰⁶
60037910
~~#~~ P96000000117

This letter is enclosed with
my annual check for \$150.00.

We were called out of town for
two weeks due to an illness in our
family.

As soon as we returned home
which was May 2nd, I mailed this
check; please except any
late pay ment for the amount of
\$150.00. This was something
I could not avoid happening.

Thank you for your
consideration.

Sincerely,
Sandra Garcia
President
Palm Masonry, Inc,