


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000009052 1. Entity Name DONNIE THOMPSON MASONRY INC.	
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Principal Place of Business 127 DEVIL'S ELBOW RD PALATKA, FL 32177	Mailing Address 127 DEVIL'S ELBOW RD PALATKA, FL 32177
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3419495	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, BETTY
127 DEVILS ELBOW RD
PALATKA, FL 32177**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, DONALD 127 DEVIL'S ELBOW RD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP FRENCH, RICHARD P O BOX 266 PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMPSON, BETY 127 DEVIL'S ELBOW RD PALATKA, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Donnie Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONNIE Thompson, President

2-20-06 386-328-7359
Date Daytime Phone #