FILED
Jun 12, 2007 8:00 am
Secretary of State

04-18-2007 90172 022 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000058192

1. Entity Name
CASTLE MASONRY, INC.

66018884

Principal Place of Business	Mailing Address
4903 SW 28 TERR DANIA BEACH FL 33312	PO BOX 291405 FL 33329 DAVIE

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4903 SW 28 TERR	P.O.Box 291405
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dania Beach	City & State: Davie Fl
Zip: 33312 Country: Broward	Zip: 33329-1405 Country: USA

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0771894 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACKENZIE, PAUL R
4903 SW 28TH TERR
DANIA BEACH FL 33312

7. Name and Address of New Registered Agent

Name: PAUL MACKENZIE
Street Address (P.O. Box Number is Not Acceptable): 4903 SW 28 TERR
City: DANIA Beach FL 33312

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] Paul MacKenzie Owner — APRIL 10/07
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, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACKENZIE, PAUL R 4903 SW 28TH TERR DANIA BEACH FL 33312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] PAUL R MACKENZIE President — APRIL 10/07 — 954-401-5853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #