2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
03-15-2006 90105 044 ***150.00

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1. Entity Name
DYAL MASONRY, INC.

Principal Place of Business	Mailing Address
3202 CATHY ANN ORLANDO, FL 32818	PO BOX 850 OCOEE, FL 34761

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01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3945752
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUNROE, MELISA D
511 N. FERNCREEK AVENUE
ORLANDO, FL 32803

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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 _____ DATE 3-3-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	DYAL, JEFFREY P
STREET ADDRESS	3202 CATHY ANN
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	V
NAME	DYAL, GARY W
STREET ADDRESS	1502 STARFIAE LANE
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	T
NAME	DYAL, GLENN F
STREET ADDRESS	8202 CATHY ANN DR
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jeffrey P Dyal 4/4/06 4079050353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jeffrey P Dyal