

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000068234

1. Entity Name
MICKLER'S MASONRY, INC.



Principal Place of Business
3354 RAULERSON ROAD
SAINT AUGUSTINE, FL 32092 US

Mailing Address
3354 RAULERSON ROAD
SAINT AUGUSTINE, FL 32092 US



03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3482488	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAULERSON, KAREN L
3354 RAULERSON RD
SAINT AUGUSTINE, FL 32092

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

U00000495191
 04/20/06-80075-013 150.00

10. OFFICERS AND DIRECTORS

TITLE: **D**
 NAME: **RAULERSON, KAREN L**
 STREET ADDRESS: **3354 RAULERSON RD.**
 CITY-ST-ZIP: **SAINT AUGUSTINE, FL 32092**

TITLE: **D**
 NAME: **RAULERSON, CARL D**
 STREET ADDRESS: **3354 RAULERSON ROAD**
 CITY-ST-ZIP: **SAINT AUGUSTINE, FL 32092**

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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: Karen L. Raulerson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06
 Date

Daytime Phone #