


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P98000000161		
1. Entity Name TRIANGLE MASONRY, INC.		
Principal Place of Business 20030 PETRUCKA CIR LEHIGH ACRES, FL 33936		Mailing Address 20030 PETRUCKA CIR LEHIGH ACRES, FL 33936
4. FEI Number 65-0826857		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
THOMPSON, WAYLON E 20030 PETRUCKA CIR LEHIGH ACRES, FL 33936		
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing fee)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, WAYLON E 20030 PETRUCKA CIR LEHIGH ACRES, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, JEFFREY 20030 PETRUCKA CIR LEHIGH ACRES, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, GREGORY 20030 PETRUCKA CIR LEHIGH ACRES, FL 33936	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Waylon E. Thompson</u> WAYLON E. Thompson		4-17-06 239-369-6605
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

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