2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # P98000029627 1. Entity Name RICK PERRY MASONRY, INC.						90352 029 ***15	0.00	
Principal Plac	e of Business	Mailing Address			40049	ყუი		
P. O. BOX 2681		P. O. BOX 2681	•		400.	`		
LARGO, FL 33779		LARGO, FL 33779						
				i in inom m	17101 (810 8810 DAM 8	INI MBITH TERREN IRNIA ATTAO KERN IN	#16#1 (3 (# 1 1)	
Principal Place of Business 3. Mailing /		3. Mailing Address	Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Numbe			pplied For	
City & State		Ony to State		59-338			ot Applicable	
Zip	Country	Zip	Country		of Status Desired	□ \$8.75 Ad		
				<u> </u>		Fee Require		
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and	Address of New I	Registered Agent		
LOVELACE, WILLIAM K ESQ.			Ko.	KOBERT F. SIMARCO CPA				
2310 W. BAY DR.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
LARGO, FL 33770			21111	011111 500-1112				
			3444	3444 BAST LAKE KD STE 412				
			City PA	In HARE	20R	FL 選紹	6835	
	named entity submits this statemen	for the purpose of changing its	registered office or regis	stered agent, or bot	h, in the State of Fl	lorida. I am (amiliar with	, and accept	
the obligat	tions of registered agent.						. ,	
SIGNATURE.	Signature, typed or printed name of egistered as	pent and the Asset Castle. (NOT	E: Registered Agent signature req	ired when reinstating)	ay	rul/2,2	00 C	
FIL	- NAVIU 10 6450 00	9. Election Campa	ian Financina 6					
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55			55.00 May Be added to Fees				
	ay 1, 2006 Fee will be \$55			dded to Fees	CHANGES TO OF	FICERS AND DIRECTOR	IS IN 11	
After Ma	OFFICERS A	0.00 Trust Fund Cont	ribution.	dded to Fees	CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
After Ma 10. TITLE NAME	OFFICERS AID PERRY, RICK	0.00 Trust Fund Cont ND DIRECTORS	ribution.	dded to Fees	CHANGES TO OF			
10. TITLE NAME STREET ADDRESS	OFFICERS AID PERRY, RICK P.O. BOX 2681	0.00 Trust Fund Cont ND DIRECTORS	Tibution. A 11. TITLE NAME STREET ADDRESS	dded to Fees	CHANGES TO OF			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AID PERRY, RICK	O.00 Trust Fund Cont	Tibution. A 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	dded to Fees	CHANGES TO OFI	☐ Change	∏ Addilion	
10. TITLE NAME STREET ADDRESS	OFFICERS AID PERRY, RICK P.O. BOX 2681	0.00 Trust Fund Cont ND DIRECTORS	Tibution. A 11. TITLE NAME STREET ADDRESS	dded to Fees	CHANGES TO OFI			
After Ma 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AID PERRY, RICK P.O. BOX 2681	O.00 Trust Fund Cont	Tibution. A 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	dded to Fees	CHANGES TO OFI	☐ Change	∏ Addilion	
After Ma 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AID PERRY, RICK P.O. BOX 2681	Trust Fund Cont ND DIRECTORS Delete Delete	Tibution. A 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME	dded to Fees	CHANGES TO OFI	☐ Change	∏ Addilion	
After Ma	OFFICERS AID PERRY, RICK P.O. BOX 2681	O.00 Trust Fund Cont	Tibution. A 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	dded to Fees	CHANGES TO OFI	☐ Change	∏ Addilion	
After Ma 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME	OFFICERS AID PERRY, RICK P.O. BOX 2681 LARGO, FL 33779	Trust Fund Cont ND DIRECTORS Delete Delete	Tibution. A 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME NAME	dded to Fees	CHANGES TO OFI	☐ Change	☐ Addition	
After Ma	OFFICERS AID PERRY, RICK P.O. BOX 2681 LARGO, FL 33779	Trust Fund Cont ND DIRECTORS Delete Delete	Tibution. A 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	dded to Fees	CHANGES TO OFI	☐ Change	☐ Addition	
After Ma	OFFICERS AID PERRY, RICK P.O. BOX 2681 LARGO, FL 33779	Trust Fund Cont ND DIRECTORS Delete Delete	Tibution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	dded to Fees	CHANGES TO OFI	☐ Change	Addition	
After Ma 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS	OFFICERS AID PERRY, RICK P.O. BOX 2681 LARGO, FL 33779	Trust Fund Cont ND DIRECTORS Delete Delete	Tibution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	dded to Fees	CHANGES TO OFI	☐ Change	Addition	
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AID PERRY, RICK P.O. BOX 2681 LARGO, FL 33779	Trust Fund Cont ND DIRECTORS Delete Delete	Tibution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	dded to Fees	CHANGES TO OF	☐ Change	Addition	
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	OFFICERS AID PERRY, RICK P.O. BOX 2681 LARGO, FL 33779	Trust Fund Cont ND DIRECTORS Delete Delete Delete	Tibution. 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME TREET ADDRESS CITY-ST-ZIP IITLE NAME	dded to Fees	CHANGES TO OF	Change	Addition Addition Addition	
After Ma	OFFICERS AID PERRY, RICK P.O. BOX 2681 LARGO, FL 33779	Trust Fund Cont ND DIRECTORS Delete Delete	Tibution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	dded to Fees	CHANGES TO OFI	☐ Change	Addition	
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AID PERRY, RICK P.O. BOX 2681 LARGO, FL 33779	Trust Fund Cont ND DIRECTORS Delete Delete Delete	Tibution. 11. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME	dded to Fees	CHANGES TO OFI	Change	Addition Addition Addition	
After Ma	OFFICERS AID PERRY, RICK P.O. BOX 2681 LARGO, FL 33779	Trust Fund Cont ND DIRECTORS Delete Delete Delete	Tibution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	dded to Fees	CHANGES TO OFI	Change	Addition Addition Addition	
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AID PERRY, RICK P.O. BOX 2681 LARGO, FL 33779	Trust Fund Cont ND DIRECTORS Delete Delete Delete Delete	Tibution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	dded to Fees	CHANGES TO OFI	Change Change Change	Addition Addition Addition	
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AID PERRY, RICK P.O. BOX 2681 LARGO, FL 33779	Trust Fund Cont ND DIRECTORS Delete Delete Delete	Tibution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	dded to Fees	CHANGES TO OF	Change	Addition Addition Addition	
After M: 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AID PERRY, RICK P.O. BOX 2681 LARGO, FL 33779	Trust Fund Cont ND DIRECTORS Delete Delete Delete Delete	Tibution. 11. 117. 1	dded to Fees	CHANGES TO OF	Change Change Change	Addition Addition Addition	

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 accruate 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 region for 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 attacking the mitigal with an address, with all other like empowered.

SIGNATURE: (

OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PROTED NA

april 12,2006