2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103322

Entity Name: BOB VERTEFEUILLE MASONRY, INC.

VERTEFEUILLE, JEANNE M MRS.

1250 CORAL REEF ST.

PORT ST. LUCIE, FL 34983

Name:

Address: City-St-Zip: FILED Jan 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 163 N. CLEARY RD. SUITE C3 WEST PALM BEACH, FL 33413 **New Mailing Address: Current Mailing Address:** 1250 SE CORAL REEF ST PORT ST. LUCIE, FL 34983 FEI Number: 65-0882648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTIN, STEFFANI T 1704- -17TH LN LAKE WORTH, FL 33463 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VERTEFEUILLE, ROBERT L MR. Name: Name: 1250 SE CORAL REEF ST. Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: () Delete Title: Title: () Change () Addition Name: VERTEFEUILLE, KEITH R MR. Name: 2079 SE BERKSHIRE BLVD. Address: Address: PORT ST. LUCIE, FL 34952 City-St-Zip: City-St-Zip: Title: Title: SEC () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT L. VERTEFEUILLE PD 01/07/2007