

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # P99000001675

1. Entity Name

MELVIN BENN MASONRY, INC.



Principal Place of Business

2201 E. HOLLYWOOD AVENUE  
EUSTIS, FL 32726

Mailing Address

2201 E. HOLLYWOOD AVENUE  
EUSTIS, FL 32726



04052006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3554065

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENN, MELVIN  
2201 E. HOLLYWOOD AVENUE  
EUSTIS, FL 32726

**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

Signature, typed or printed name of registered agent and title if applicable.

(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

1100000531055  
05/06/06-80024-014 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BENN, MELVIN B  
STREET ADDRESS 2201 E. HOLLYWOOD AVENUE  
CITY-ST-ZIP EUSTIS, FL 32726

TITLE D  
NAME BENN, SYBLE L  
STREET ADDRESS 2201 E. HOLLYWOOD AVENUE  
CITY-ST-ZIP EUSTIS, FL 32726

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*X Syble L Benn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X 4/27/06*  
Date

*X 352589 2888*  
Daytime Phone #