

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90233 020 ***150.00

DOCUMENT # P99000052459

1. Entity Name
GOLDIE "G" MASONRY, INC.



Principal Place of Business
**1018 INDIANTRAC CIRCLE
APT. 108
WEST PALM BEACH, FL 33407 US**

Mailing Address
**1018 INDIANTRAC CIRCLE
APT. 108
WEST PALM BEACH, FL 33407**

2. Principal Place of Business
1211 SW Kapok Ave.
Suite, Apt. #, etc.

3. Mailing Address
1211 SW Kapok Ave.
Suite, Apt. #, etc.

City & State
Port St. Lucie, FL
Zip
34953 Country
USA

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Port St. Lucie, FL
Zip
34953 Country
USA

03022006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0930982

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BROWN, VILROY
1018 INDIANTRAC CIRCLE
APT. 108
WEST PALM BEACH, FL 33407**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1211 SW Kapok Avenue
City **Port St. Lucie** FL Zip Code **34953**

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

Vilroy Brown
(NOTE: Registered Agent signature required when reinstating)

3/13/06
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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, VILROY 1018 INDIANTRAC CIRCLE, APT. 108 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1211 SW Kapok Avenue Port St. Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Vilroy Brown** **Vilroy Brown** 3/13/06 (772) 626-8289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #