


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90341 038 \*\*\*150.00

<b>DOCUMENT # S52827</b> 1. Entity Name <b>MEGGS MASONRY, INC.</b>			
Principal Place of Business <b>3084 JOE JOHNS ROAD MIDDLEBURG, FL 32068</b>		Mailing Address <b>3084 JOE JOHNS ROAD MIDDLEBURG, FL 32068</b>	
2. Principal Place of Business <b>2778 Henley Rd</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2778 Henley Rd</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Greencove Springs, FL</b> Zip <b>32043</b>		City & State <b>Greencove Springs, FL</b> Zip <b>32043</b>	
4. FEI Number <b>59-3064267</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MEGGS, STEVE 3084 JOE JOHNS RD. MIDDLEBURG, FL 32068</b>		7. Name and Address of New Registered Agent Name <b>Meggs, Steve</b> Street Address (P.O. Box Number is Not Acceptable) <b>2778 Henley Rd</b> City <b>Greencove Springs</b> <b>FL</b> Zip Code <b>32043</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MEGGS, STEVE 3084 JOE JOHNS RD. MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Meggs, Steve 2778 Henley Rd Greencove Springs, FL 32043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST MEGGS, RANDI 3084 JOE JOHNS RD. MIDDLEBURG, FL 32068	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST Meggs, Randi 2778 Henley Rd. Greencove Springs, FL 32043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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>Randi Meggs</u> <u>4/10/06</u> <u>(904) 282-4186</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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