2007 FOR PROFIT CORPORATION

2007 NQ.00 A

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DOCUMENT # V25048		Secretary of State
MONTGOMERY MASONRY, INC.		
520 MARANDA DRIVE 5	ailing Address 520 MAXANDA DRIVE SREEN COVE SPRINGS, FL 32043 US	
DO NOT WRITE II	N THIS SPACE	01262007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Status Desired Status Desired \$8.75 Additional
6. Name and Address of Current Registered Agent		
MONTGOMERY, RICHARD O. JR. 520 MARANDA DRIVE GREEN COVE SPRINGS, FL 32043		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 little If applicable. (NOTE Pagistered Agent afgreture required whon reinstalling) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Financing	5.00 May Be dded to Fees
10. OFFIČERS AND DIREC	CTORS	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE S NAME NAME NAME P MONTGOMERY, RICHARD O JR S20 MARANDA DRIVE GREEN COVE SPRINGS, FL 32043 TITLE S NAME MONTGOMERY, MATTHEW T		U00000617000 02/07/07-80054-019 150.00
NAME MONTGOMERY, MATTHEW T STREET ADDRESS 520 MARANDA PL CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 TITLE VP NAME MONTGOMERY, PATRICK S STREET ADDRESS 520 MARANDA DRIVE		DO NOT WRITE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 TIYLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE: Discourse of the information 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 the empowered.

SIGNATURE: Discourse of the information indicated on this report of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of the exemption of the ex

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE: #