



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # G42020 1. Entity Name L. M. T. MASONRY OF JACKSONVILLE, INC.	
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Principal Place of Business 7965 COUNTY ROAD 16A SAINT AUGUSTINE, FL 32092 US	Mailing Address 7965 COUNTY ROAD 16A SAINT AUGUSTINE, FL 32092 US
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**DO NOT WRITE IN THIS SPACE**

	
02122007	No Chg-P CR2E034 (11/05)
4. FEI Number 59-2334722	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, DAVID  
 7965 COUNTY RD 16A  
 SAINT AUGUSTINE, FL 32092

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000673762  
 04/03/07-80050-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, DAVID 7965 COUNTY RD 16A SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRAWFORD, KAREN F. 7965 COUNTY ROAD 16A SAINT AUGUSTINE, FL 32092
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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: *Karen Crawford* **x 3/21/07** **x 904-691-8547**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #