

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42020

FILED
Aug 10, 2009
Secretary of State

Entity Name: L. M. T. MASONRY OF JACKSONVILLE, INC.

Current Principal Place of Business:

7965 COUNTY ROAD 16A
SAINT AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

7965 COUNTY ROAD 16A
SAINT AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 59-2334722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: MICHAEL DAVID CRAWFORD

08/10/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAWFORD, DAVID
Address: 7965 COUNTY RD 16A
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: STD () Delete
Name: CRAWFORD, KAREN F.
Address: 7965 COUNTY ROAD 16A
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MICHAEL DAVID CRAWFORD
Address: 7965 COUNTY RD 16A
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DAVID CRAWFORD

PD

08/10/2009

Electronic Signature of Signing Officer or Director

Date