


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000010638**

1. Entity Name  
**JAX MASONRY TRADES REAL ESTATE HOLDING COMPANY**



|  |  |
|--|--|
| Principal Place of Business<br><b>145 E. 1ST ST.<br/>JACKSONVILLE, FL 32206-5001</b> | Mailing Address<br><b>145 E. 1ST ST.<br/>JACKSONVILLE, FL 32206-5001</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>01-0599706</b>                        | Applied For<br>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

**WEINER, RICHARD M ESQ.  
 200 SE 6TH ST., SUITE 100E  
 FT. LAUDERDALE, FL 33301**

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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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BLANCO, ROBERT<br>3127 W. HALLANDALE BCH BLVD., SUITE 101<br>PEMBROKE PARK, FL 33009 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>REED, ERNEST T<br>6227 DUNN AVE.<br>JACKSONVILLE, FL 32218                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SESSIONS, ANTHONY<br>145 E. 1ST ST.<br>JACKSONVILLE, FL 32206                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ANDERSON, DANIEL S<br>3768 KORI RD.<br>JACKSONVILLE, FL 32257                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 02/21/07-80036-022 150.00

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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: *Anthony Sessions* **2-9-07** **904 394-0262**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #