

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010638

FILED  
Feb 24, 2010  
Secretary of State

**Entity Name:** JAX MASONRY TRADES REAL ESTATE HOLDING COMPANY

**Current Principal Place of Business:**

145 E. 1ST ST.  
JACKSONVILLE, FL 322065001

**New Principal Place of Business:**

**Current Mailing Address:**

145 E. 1ST ST.  
JACKSONVILLE, FL 322065001

**New Mailing Address:**

**FEI Number:** 01-0599706      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BLANCO, ROBERT  
**Address:** 3127 W. HALLANDALE BCH BLVD., SUITE 101  
**City-St-Zip:** PEMBROKE PARK, FL 33009

**Title:** VD  
**Name:** REED, ERNEST T  
**Address:** 6227 DUNN AVE.  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** TD  
**Name:** SESSIONS, ANTHONY  
**Address:** 145 E. 1ST ST.  
**City-St-Zip:** JACKSONVILLE, FL 32206

**Title:** SD  
**Name:** ANDERSON, DANIEL S  
**Address:** 3768 KORI RD.  
**City-St-Zip:** JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY SESSIONS

TD

02/24/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date