

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90001 022 ***150.00

DOCUMENT # P05000039550	
1. Entity Name WAVECREST MASONRY, INC.	

Principal Place of Business 2825 WEST ALEUTS DRIVE BEVERLY HILLS, FL 34465 US	Mailing Address 2825 WEST ALEUTS DRIVE BEVERLY HILLS, FL 34465 US
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40025182



2. Principal Place of Business - No P.O. Box # 2725 PINE RIDGE BLVD	3. Mailing Address 2725 PINE RIDGE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02102007 Chg-P CR2E034 (12/06)

City & State BEVERLY HILLS FL	City & State BEVERLY HILLS FL
Zip 34465	Country USA

4. FEI Number 20-2496471	Applied For ☐ Not Applicable
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6. Name and Address of Current Registered Agent WETHERELL, MARK A 2825 WEST ALEUTS DRIVE BEVERLY HILLS, FL 34465	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2725 PINE RIDGE BLVD City BEVERLY HILLS FL Zip Code 34465
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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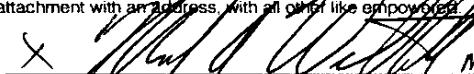
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restate)	DATE _____
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T WETHERELL, MARK A 2825 WEST ALEUTS DRIVE BEVERLY HILLS, FL 34465 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2725 PINE RIDGE BLVD BEVERLY HILLS, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WETHERELL, MICHAEL R 2825 WEST ALEUTS DRIVE BEVERLY HILLS, FL 34465 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8123 N VOYAGER DR. CITRUS SPRINGS 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 empowers.

SIGNATURE:  MARK A WETHERELL	Date 2-16-07	Daytime Phone # 352-302-8476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		