2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 27, 2007 8:00 am
Secretary of State
02-27-2007 90001 022 ***150.00

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02102007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000039550

1. Entity Name
WAVECREST MASONRY, INC.

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

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2725 PINERIDGE BLVD		2725 PINERIDGE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BEVERLY HILLS FL		City & State: BEVERLY HILLS FL	
Zip: 34465	Country: USA	Zip: 34465	Country: USA

4. FEI Number: 20-2496471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 PINERIDGE BLVD
City: BEVERLY HILLS **FL** Zip Code: 34465

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 reinstating) DATE

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			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	2725 PINE RIDGE BLVD BEVERLY HILLS, FL 34465	☑ Change ☐ Addition
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	8123 N VOYAGER DR. CITRUS SPRINGS 34433	☑ 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
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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 empowered.

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