


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000017160
 1. Entity Name
MARK'S MASONRY, INC.



Principal Place of Business Mailing Address
1035 BLUEGRASS LN **1035 BLUEGRASS LN**
ROCKLEDGE, FL 32955 **ROCKLEDGE, FL 32955**

DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3176662 Not Applicable

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

6. Name and Address of Current Registered Agent
GARRETT, WILLIAM M
1035 BLUEGRASS LN
ROCKLEDGE, FL 32955

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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**

100000592230
 01/19/07-80055-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARRETT, WILLIAM M
STREET ADDRESS	1035 BLUEGRASS LN
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	GARRETT, BETTY J
STREET ADDRESS	1035 BLUEGRASS LN
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 807, 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: *William M. Garrett* **William M. Garrett** *1/17/07* **321-636-8297**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #