

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G42020

**Entity Name:** L. M. T. MASONRY OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

7965 COUNTY ROAD 16A  
SAINT AUGUSTINE, FL 32092

**Current Mailing Address:**

7965 COUNTY ROAD 16A  
SAINT AUGUSTINE, FL 32092 US

**FEI Number:** 59-2334722

**Certificate of Status Desired:** No

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

CRAWFORD, KAREN F  
7965 COUNTY RD 16A  
SAINT AUGUSTINE, FL 32092 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            MICHAEL DAVID CRAWFORD  
Address        7965 COUNTY RD 16A  
City-State-Zip: SAINT AUGUSTINE FL 32092

Title            STD  
Name            CRAWFORD, KAREN F.  
Address        7965 COUNTY ROAD 16A  
City-State-Zip: SAINT AUGUSTINE FL 32092

*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:** KAREN F CRAWFORD

**SEC/TREAS**

**03/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date