

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 366952

FILED
Mar 19, 2009
Secretary of State

Entity Name: PRIDE MASONRY CONSTRUCTION INC

Current Principal Place of Business:

105 CAPE DRIVE
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

105 CAPE DRIVE
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-1296100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE INSURANCE CENTER OF NW FLORIDA INC
315 E HOLLYWOOD BLVD
SUITE 4A
MARY ESTHER, FL 32569 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: VP () Delete
Name: CASON, RUBY
Address: 126 HOLLYWOOD BLVD SE
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: P () Delete
Name: CASON, FREDDIE L III
Address: 105 CAPE DRIVE
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: S/T () Delete
Name: CASON, CONNIE D
Address: 105 CAPE DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CONNIE CASON

S/T

03/19/2009

Electronic Signature of Signing Officer or Director

Date