


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90046 030 \*\*\*150.00

<b>DOCUMENT # 453484</b> 1. Entity Name <b>RICH MASONRY CONTRACTORS, INCORPORATED</b>			
Principal Place of Business <b>5775 STEWART AVE</b> <b>PORT ORANGE, FL 32127</b>		Mailing Address <b>6136 HALFMOON DR</b> <b>PORT ORANGE, FL 32127</b>	
2. Principal Place of Business - No P.O. Box # <b>6136 Half Moon Dr.</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Port Orange, FL</b>		City & State	
Zip <b>32127</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>VOGES, WILLIAM J.</b> <b>275 CLYDE MORRIS BLVD</b> <b>ORMOND BEACH, FL 32174</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD RICH, PHILLIP RANDALL 5771 STEWARD AVE PORT ORANGE, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICH, BARBARA 5775 STEWART AVE. PORT ORANGE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICH, MICHAEL E. 6136 HALF MOON CIR PORT ORANGE, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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 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: <u>William J. Voges</u>		Date <u>3-3-08</u> Daytime Phone # <u>386-295-4720</u>	



01282008 Chg-P CR2E034 (12/06)

4. FEI Number **59-1542063** Applied For ☐ Not Applicable ☒

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