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Jun 12, 2007 8:00 am
Secretary of State
05-15-2007 90008 040 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 484239

1. Entity Name
SURBER BROTHERS MASONRY CO., INC.

Principal Place of Business	Mailing Address
4230 CATO ROAD PANAMA CITY, FL 32404	4230 CATO ROAD PANAMA CITY, FL 32404

66018738

03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1616528
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SURBER, BOBBY J
4325 BRANNON RD
PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

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: _____ April 27, 2007
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

TITLE	P
NAME	DAWSON, MELVIN
STREET ADDRESS	13324 JONN COX RD
CITY-ST-ZIP	YOUNGSTOWN, FL 32466
TITLE	VP
NAME	SURBER, PEGGY (ASST
STREET ADDRESS	4105 GAINES ST
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	ST
NAME	SURBER, BOBBY J
STREET ADDRESS	4325 BRANNON ROAD
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

850-596-0300

SIGNATURE: _____ MELVIN DAWSON 6-8-2007 850-763-0846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #