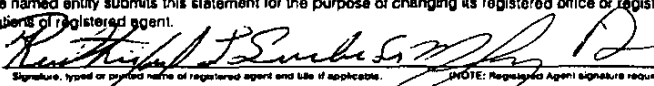
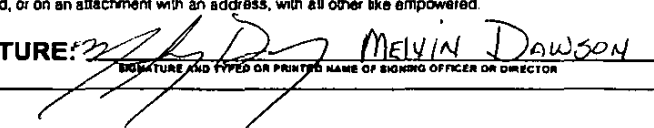


FILED
Jun 12, 2007 8:00 am
Secretary of State

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 4230 CATO ROAD PANAMA CITY, FL 32404	Mailing Address 4230 CATO ROAD PANAMA CITY, FL 32404	66018738  03012007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-1616528 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For ☐ Not Applicable
DO NOT WRITE IN THIS SPACE		
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  DATE April 27, 2007 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	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAWSON, MELVIN 13324 JONN COX RD YOUNGSTOWN, FL 32466	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SURBER, PEGGY (ASST 4105 GAINES ST PANAMA CITY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SURBER, BOBBY J 4325 BRANNON ROAD PANAMA CITY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  MELVIN DAWSON Date 6-8-2007 Daytime Phone # 850-596-0300 Signature and typed or printed name of signing officer or director		