

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # 683190

1. Entity Name
THE ROCK MASONRY CORPORATION



Principal Place of Business
**780 N. RIDGE ROAD
RICHMOND, KY 40475**

Mailing Address
**780 N. RIDGE ROAD
RICHMOND, KY 40475**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2026071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HOWELL, ANN W.
6880 S.W. 90 ST
MIAMI, FL 33156**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	HOWELL, SUSAN
STREET ADDRESS	780 N. RIDGE ROAD
CITY-ST-ZIP	RICHMOND, KY
TITLE	PD
NAME	HOWELL, DAVID T.
STREET ADDRESS	780 N. RIDGE ROAD
CITY-ST-ZIP	RICHMOND, KY
TITLE	VP
NAME	HOWELL, SUSAN
STREET ADDRESS	780 NORTH RIDGE ROAD
CITY-ST-ZIP	RICHMOND, KY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000788855
01/17/08-80055-010 150.00

**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.

SIGNATURE:

David T. Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David T. Howell, Pres.

Date

Daytime Phone #

1/9/08 854 624 9122