

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F05000001500

1. Entity Name
CAT MASONRY, INC.



FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90189 048 ***158.75

Principal Place of Business

8218 SW 61 COURT
OCALA, FL 34476

Mailing Address

8218 SW 61 COURT
OCALA, FL 34476

2. Principal Place of Business - No P.O. Box #

1115 SE 65th Circle

3. Mailing Address

1115 SE 65th Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34472

Country

Marion

Zip

34472

Country

Marion

04162007

Chg-P

CR2E034 (12/06)

4. FEI Number

25-1901011

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HUMES, ANNA M
8218 SW 61 COURT
OCALA, FL 34476

7. Name and Address of New Registered Agent

Name

Humes, Anna M

Street Address (P.O. Box Number is Not Acceptable)

1115 SE 65th Circle

City

Ocala

FL

Zip Code

34472

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

Anna M. Humes

Anna M. Humes P.S.T.

4-17-07

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PST
HUMES, ANNA M
8218 SW 61 COURT
OCALA, FL 34476

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

1115 SE 65th Circle
Ocala, FL 34472

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Anna M. Humes

Anna M. Humes

4-17-07 (352)291-1849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #