2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H42346 1. Entity Name CARR & SONS MASONRY, INC.



FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

3750 70TH AVENUE NORTH PINELLAS PARK, FL 33781

Mailing Address

3750 70TH AVENUE NORTH PINELLAS PARK, FL 33781



01162007

No Chg-P

CR2E034 (11/05)

FEI Number
 59-2504941

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CARR, FRANK 11752 ASHLEY COURT SEMINOLE, FL 33772

DO NOT WRITE IN THIS SPACE

SEMINOLE, FL 33772			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registere	ed office or re	gistered agent, or bo	th, in the State of Florida. 1 am familia	ar with, and accept
SIGNATURESignature, typed or printed name of registered agent and title if applicable (NOTE: Registered			d Agent signature	regulated when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000639916 02/28/07-80046-009	150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PDT CARR, FRANK 11752 ASHLEY CT SEMINOLE, FL 33772	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV CARR, THERESA D 11752 ASHLEY CT SEMINOLE, FL 33772					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN:	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(1, N;		3			establish
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:

SULLAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W 2-14-0

(127) 5210-9585