

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90038 006 \*\*\*150.00

**DOCUMENT # K59156**

1. Entity Name

**STARK MASONRY, INC.**

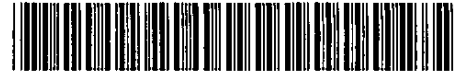


Principal Place of Business

1622 N.W. 8TH STREET  
OKEECHOBEE FL 34972  
US

Mailing Address

P.O. BOX 2686  
OKEECHOBEE FL 34973-1152  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number  
**65-0094032**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STARK, ANTHONY DEAN**  
**2339 S.W. 2ND COURT**  
**OKEECHOBEE FL 34974**

Name **Anthony Dean Stark**

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

**6288 HWY 441 SE**

City **Okeechobee**

**FL**

**34974**

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

*Anthony Dean Stark*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-certifying.)

DATE

**FILE NOW!!! - FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
STARK, ANTHONY DEAN  
PO BOX 2686  
OKEECHOBEE FL 34973 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer-like empowered.

**SIGNATURE:**

*Anthony Dean Stark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #