

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004749

Entity Name: PHOENIXMASONRY, INC.

FILED  
Jan 04, 2008  
Secretary of State

## Current Principal Place of Business:

504 PLANTATION DR.  
HAVANA, FL 32333

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 854  
HAVANA, FL 32333

## New Mailing Address:

FEI Number: 59-3594071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LETTIELIER, DAVID J  
504 PLANTATION DR.  
HAVANA, FL 32333 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LETTELIER, DAVID J  
Address: 504 PLANTATION DR.  
City-St-Zip: HAVANA, FL 32333

Title: VSD ( ) Delete  
Name: STOTLER, JERRY E  
Address: 2100 FAIRWAY DR.  
City-St-Zip: DODGE CITY, KS 678012909

Title: VTD ( ) Delete  
Name: GREENE, HARRY  
Address: 1341 MONTEREY BLVD, N.E.  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: KARPOS, VASIL  
Address: 1220 E. SANDRA CIRCLE  
City-St-Zip: SALT LAKE CITY, UT 84121

Title: D ( ) Change (X) Addition  
Name: KARPOS, VICTORIA  
Address: 1220 E. SANDRA CIRCLE  
City-St-Zip: SALT LAKE CITY, UT 84121

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID JAMES LETTELIER

PD

01/04/2008

Electronic Signature of Signing Officer or Director

Date