

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90046 022 \*\*\*150.00

DOCUMENT # P00000001996

1. Entity Name

JAMES CUNNINGHAM MASONRY, INC.



Principal Place of Business

3467 RUSSELL ROAD  
GREEN COVE SPRINGS FL 32043

Mailing Address

3467 RUSSELL ROAD  
GREEN COVE SPRINGS FL 32043



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

1791 Hideaway Hill Ct

Suite, Apt. #, etc.

3. Mailing Address

1791 Hideaway Hill Ct

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Middleburg FL

Zip 32068

Country

USA

City & State

Middleburg FL

Zip 32068

Country

USA

4. FEI Number

59-3617872

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, JAMES C  
3467 RUSSELL ROAD  
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name

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

1791 Hideaway Hill Ct

City

Middleburg

FL

Zip Code

32068

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 registering)

DATE

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

**After May 1, 2007 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

TITLE D ☐ Delete  
NAME CUNNINGHAM, JAMES C  
STREET ADDRESS 3467 RUSSELL ROAD  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE D ☐ Delete  
NAME CUNNINGHAM, SONYA D  
STREET ADDRESS 3467 RUSSELL ROAD  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1791 Hideaway Hill Ct  
CITY-ST-ZIP Middleburg FL 32068

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1791 Hideaway Hill Ct  
CITY-ST-ZIP Middleburg FL 32068

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

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

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

TITLE ☐ Change ☐ Addition  
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 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 all other like empowered.

SIGNATURE:

Sonya D Cunningham Sonya D Cunningham 1-29-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #