

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90092 012 ***150.00

DOCUMENT # P00000003688

1. Entity Name
TIGHT LINE MASONRY INC.



Principal Place of Business
**192 BOSTWICK CEMETARY RD
BOSTWICK, FL 32007**

Mailing Address
**P O BOX 53
BOSTWICK, FL 32007**



2. Principal Place of Business

182 BOSTWICK CEMETARY RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152006 Chg-P CR2E034 (11/05)

City & State

Bostwick FL

City & State

4. FEI Number
59-3618324

Applied For
Not Applicable

Zip

32007

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, CAROLYN
192 BOSTWICK CEMETARY RD
BOSTWICK, FL 32007**

7. Name and Address of New Registered Agent

Name

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

182 BOSTWICK CEMETARY RD

City

Bostwick

FL

Zip Code

32007

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

Carolyn Williams, Carolyn Williams, U.P.

4/17/06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WILLIAMS, CAROLYN**
STREET ADDRESS **P O BOX 53**
CITY-ST-ZIP **BOSTWICK, FL 32007**

TITLE **PD** ☐ Delete
NAME **WILLIAMS, HERBERT A**
STREET ADDRESS **192 BOSTWICK CEMETARY RD**
CITY-ST-ZIP **BOSTWICK, FL 32007**

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
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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 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:

Carolyn Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

386-328-4915

Daytime Phone #