

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90045 018 ***150.00

DOCUMENT # P00000003688

1. Entity Name
TIGHT LINE MASONRY INC.



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

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

400001900



DO NOT WRITE IN THIS SPACE

01192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3618324

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME	WILLIAMS, CAROLYN
STREET ADDRESS	P O BOX 53
CITY - ST - ZIP	BOSTWICK, FL 32007
TITLE	PD
NAME	WILLIAMS, HERBERT A
STREET ADDRESS	192 BOSTWICK CEMETARY RD
CITY - ST - ZIP	BOSTWICK, FL 32007
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *X Carolyn Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07
Date

386-384-915
Daytime Phone #