

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # P00000012679

1. Entity Name
CUSTOM MASONRY OF OCALA, INC.



Principal Place of Business

9615 NE 42ND AVE.
ANTHONY, FL 32617

Mailing Address

9615 NE 42ND AVE.
ANTHONY, FL 32617



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3624716

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUTHER, BETTY
9701 N.E. AVE 42nd Ave
ANTHONY, FL 32617

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUIROS, LAMAR
STREET ADDRESS	9615 NE 42ND AVENUE
CITY - ST - ZIP	ANTHONY, FL 32617
TITLE	VP
NAME	LUTHER, BETTY
STREET ADDRESS	9615 NE 42ND AVENUE
CITY - ST - ZIP	ANTHONY, FL 32617
TITLE	S
NAME	QUIROS, LAMAR
STREET ADDRESS	9615 NE 42ND AVENUE
CITY - ST - ZIP	ANTHONY, FL 32617
TITLE	T
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/16/08-80042-022 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/08 (352) 502-7850