## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 03, 2007 8:00 am Secretary of State 05-03-2007 90057 020 \*\*\*150.00

1. Entity Name FOSTER MASONRY, INC.								, , , , , , , , , , , , , , , , , , , ,	.20	20.00
Principal Place of Business			Mailing Address	***	<b></b>	dari	,			
1411 PINE ST. NICEVILLE, FL 32578			1411 PINE ST. NICEVILLE, FL 32578							
Principal Place of Business - No P.O. Box #     Mailing Address					<del></del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04242007	Chg-P	CR2E03	14 (12/06)		
City & State		City & State			4. FEI Number 59-3670				plied For t Applicable	
Zip Country		Zip Country		ntry	5. Certificate of	of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
INGRAM, DOUGLAS T JR 912 S PALM BLVD. STE E				Name Street Address (P.O. Box Number is Not Acceptable)						
NICEVILLE, FL 32578					Oracle (1800)					
					City	FL Zip Code				
8. The above the obligation	named entiti ions of regist	y submits this statement for tered agent.	or the purpose of changing it	s register	ed office or registe	ered agent, or both	n, in the State of Flo	orida. I am fa	amiliar with,	and accept
Signature Signature, typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
1		•								
FIL	E NOW!!!	FEE IS \$150.00	9. Election Camp		~ _ +-	5.00 May Be				
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550.			~ _ +-	5.00 May Be ded to Fees				
After Ma	ay 1, 200	FEE IS \$150.00 7 Fee will be \$550.	.00 Trust Fund Cor	ntribution.	Add	ded to Fees	CHANGES TO OFF	ICERS AND		
After Ma	D D	7 Fee will be \$550. OFFICERS AND	.00 Trust Fund Cor	11.	C Add	ded to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
10. TITLE NAME STREET ADDRESS	D FOSTER, 1411 PINI	OFFICERS AND DONALD D E ST.	.00 Trust Fund Cor	11.	C Add	ded to Fees	CHANGES TO OFF	ICERS AND		
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, 1411 PINI	7 Fee will be \$550. OFFICERS AND	Trust Fund Cor	11. TITL NAM STRI	E Add	ded to Fees	CHANGES TO OFF	ICERS AND	☐ Change	Addition
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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 amoddress, with all other like empowered.