

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000002571**

1. Entity Name  
**A.F.A.B. CONTRACTORS, INC.**



Principal Place of Business  
**471 GOODWIN CREEK RD.  
FREEPORT, FL 32439**

Mailing Address  
**P.O. BOX 247  
FREEPORT, FL 32439**



02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3692002**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JULIE S. MASON  
471 GOODWIN CREEK ROAD  
FREEPORT, FL 32439**

**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 \_\_\_\_\_ (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**

**1000000642387  
03/01/07-80042-010 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	MASON, JULIE S
STREET ADDRESS	471 GOODWIN CREEK RD.
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	VP
NAME	MASON, GARY L
STREET ADDRESS	471 GOODWIN CREEK RD.
CITY-ST-ZIP	FREEPORT, FL 32439
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 line empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Julie S. Mason, President Julie S. Mason 2-15-07*

**850-835-4806**