

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000039011

1. Entity Name

FIRST COAST MASONRY, INC.



**FILED**  
**May 04, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
4050 MARIANNA RD.  
JACKSONVILLE FL 32217

Mailing Address  
4050 MARIANNA RD.  
JACKSONVILLE FL 32217



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3713437

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATHA, MICHAEL  
4050 MARIANNA RD.  
JACKSONVILLE FL 32217

Name

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

City

FL

Zip Code

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ATHA, MICHAEL L	
STREET ADDRESS	4050 MARIANNA RD.	
CITY-STATE-ZIP	JACKSONVILLE FL 32217	
TITLE	V	<input type="checkbox"/> Delete
NAME	ATHA, SANDRA T	
STREET ADDRESS	4050 MARIANNA RD.	
CITY-STATE-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		

U00000760991  
05/25/07-80037-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Michael L. Atha*

5/1/07 - 904-994-7579