


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90097 023 \*\*\*550.00

<b>DOCUMENT # P02000027687</b>	
1. Entity Name <b>J&amp;J MASONRY, INC</b>	

Principal Place of Business <b>1385 FRANKLIN LN NORTH PORT, FL 34286-7628 US</b>	Mailing Address <b>1385 FRANKLIN LN NORTH PORT, FL 34286-7628 US</b>
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40106104

2. Principal Place of Business - No P.O. Box # <b>2656 Rolling Road</b>	3. Mailing Address <b>2656 Rolling Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02212007 Chg-P CR2E034 (12/06)

City & State <b>North Port, Florida</b>	City & State <b>North Port Florida</b>
Zip <b>34288</b>	Country <b>USA</b>
Zip <b>34288</b>	Country <b>USA</b>

4. FEI Number <b>03-0404826</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>RHINES, MARTIN 1385 FRANKLIN LN NORTH PORT, FL 34286-7628</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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

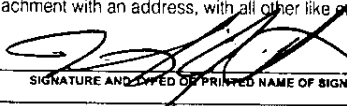
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY - ST - ZIP	P MORSE, JESSE J 200 PINE ST, APT 9 ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Jesse J Morse 741 Michigan Ave Englewood, Florida 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARTIN, RHINES 1385 FRANKLIN LN NORTH PORT, FL 342867628 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Martin Rhines 2656 Rolling Rd North Port Florida 34288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/2/07

Date

941-234-2811

Daytime Phone #

ATTACHMENT

40106104

#02000027687

J&J MASONRY, INC.

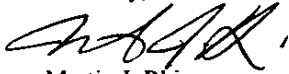
2656 Rolling Road  
North Port, Florida 34288  
Phone (941) 234-2811  
Fax (941) 423-4052

May 1, 2007

To whom it may concern;

Notice of address change for J&J Masonry Inc. from 1385 Franklin Lane , North Port, Florida 34287 to 2656 Rolling Road, North Port, Florida 34288.

Sincerely,



Martin J. Rhines  
Vice President