

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000125198

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** MIKE LINGENFELTER MASONRY, INC.

**Current Principal Place of Business:**

507 S. MONTGOMERY AVENUE  
DELAND, FL 32720 US

**New Principal Place of Business:**

2414 DARTMOUTH RD  
DELAND, FL 32724 US

**Current Mailing Address:**

507 S. MONTGOMERY AVENUE  
DELAND, FL 32720 US

**New Mailing Address:**

2414 DARTMOUTH RD  
DELAND, FL 32724 US

**FEI Number:** 90-0056741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINGENFELTER, MIKE D  
507 S. MONTGOMERY AVENUE  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

LINGENFELTER, MIKE D  
2414 DARTMOUTH RD  
DELAND, FL 32724 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTVS  
Name: LINGENFELTER, MIKE  
Address: 2414 DARTMOUTH RD  
City-St-Zip: DELAND, FL 32724

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIKE LINGENFELTER

PRES

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date