

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90030 049 \*\*\*150.00

DOCUMENT # P02000129475

1. Entity Name

R.F. MASONRY, INC.



Principal Place of Business

3901 INDUSTRY BLVD  
2  
LAKELAND FL 33811

Mailing Address

2608 MACLEAN CT.  
LAKELAND FL 33815



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

3015 W. Socrum Cp. Rd.

3. Mailing Address

2608 Maclean Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

13-4233068

Applied For

Not Applicable

Zip

33810

Country

U.S.

Zip

33815

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, ROD A  
2608 MACLEAN CT.  
LAKELAND FL 33815

7. Name and Address of New Registered Agent

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

*Rod Freeman*

Signature, typed or printed name of registered agent and title, if applicable.

*Rod Freeman*

(NOTE: Registered Agent signature required when registering)

1-20-07

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

TITLE P ☐ Delete  
NAME FREEMAN, RODNEY A  
STREET ADDRESS 2608 MACLEAN CT.  
CITY, ST, ZIP LAKELAND FL 33815

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY, ST, ZIP

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:

*Rod Freeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-07

Date

813-966-9365

State Phone