

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P02000129475

1. Entity Name

R.F. MASONRY, INC.



**FILED  
Feb 06, 2008 8:00 am  
Secretary of State**

02-06-2008 90028 046 \*\*\*150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business	Mailing Address	
3015 W SOCRUM LP RD LAKELAND FL 33810	2608 MACLEAN CT. LAKELAND FL 33815	

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
		33810	U.S.

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FREEMAN, ROD A 2608 MACLEAN CT. LAKELAND FL 33815		Name <i>Rod Freeman</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		3015 W. Socrum Lp. Rd.	
		City <i>Lakeland</i>	Zip Code <i>33810</i>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, if any, 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.

(NOTE: Registered Agent signature required when re-registering)

DATE *1-29-08*

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P FREEMAN, RODNEY A 2608 MACLEAN CT. LAKELAND FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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
------------------------------------------------	---------------------------------	------------------------------------------------	-------------------------------------------------------------------

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
------------------------------------------------	---------------------------------	------------------------------------------------	-------------------------------------------------------------------

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 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

Date

Daytime Phone #