



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000135095	
1. Entity Name S & T MASONRY OF SUMTER, INC.	

Principal Place of Business 10246 CR 209 OXFORD, FL 34484	Mailing Address 10246 CR 209 OXFORD, FL 34484
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DO NOT WRITE IN THIS SPACE

	
02172007 No Chg-P	CR2E034 (11/05)
4. FEI Number 54-2088385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOLLAR, KIM
10246 CR 209
OXFORD, FL 34484

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P STOLLAR, KIM D 10246 CR 209 OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP STOLLAR, KENNETH D 5463 NORTH CR 470 LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S STOLLAR, KELLY D 40210 LARSON LANE LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T THORNBERG, MASON D 6389 CR 177 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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03/06/07-80024-022 150.00

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: Mason Thornberg ✓ 2/22/07 (752) 303-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #