

**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.



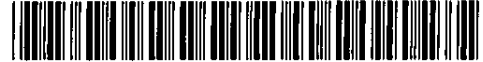
Principal Place of Business

**10246 CR 209
OXFORD, FL 34484**

Mailing Address

**10246 CR 209
OXFORD, FL 34484**

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 ☐

\$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

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

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

**DO NOT WRITE
IN THIS SPACE**

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

2/22/07

Date

Daytime Phone #

(752) 308-1444