

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135095

FILED
Mar 09, 2009
Secretary of State

Entity Name: S & T MASONRY OF SUMTER, INC.

Current Principal Place of Business:

10246 CR 209
OXFORD, FL 34484

New Principal Place of Business:

Current Mailing Address:

10246 CR 209
OXFORD, FL 34484

New Mailing Address:

FEI Number: 54-2088385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOLLAR, KIM
10246 CR 209
OXFORD, FL 34484 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STOLLAR, KIM D
Address: 10246 CR 209
City-St-Zip: OXFORD, FL 34484

Title: VP () Delete
Name: STOLLAR, KENNETH D
Address: 5463 NORTH CR 470
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: S () Delete
Name: STOLLAR, KELLY D
Address: 40210 LARSON LANE
City-St-Zip: LADY LAKE, FL 32159

Title: T () Delete
Name: THORNBERG, MASON D
Address: 6389 CR 177
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: THORNBERG, MASON D
Address: 6389 CR 177
City-St-Zip: WILDWOOD, FL 34785

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MASON THORNBERG

T

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date