

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000007290

1. Entity Name
MIKE FRENCH MASONRY INC.



Principal Place of Business
8035 S MEADOWVIEW CIR.
TAMPA, FL 33625

Mailing Address
8035 S MEADOWVIEW CIR.
TAMPA, FL 33625

DO NOT WRITE IN THIS SPACE

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07162008 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0502818

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRENCH, MICHAEL T
8035 S MEADOWVIEW CIR.
TAMPA, FL 33625

**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

U00000955673
07/22/08-80001-012 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRENCH, MICHAEL T
STREET ADDRESS	8035 S MEADOWVIEW CIR.
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ORIGINAL

**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

Date

Daytime Phone #

Mike T French

7/16/08

813 695 7440