

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 08:00 A
Secretary of State

DOCUMENT # P03000023654

1. Entity Name

CLARENCE KNOX MASONRY, INC.



Principal Place of Business

3716 PINEVIEW CIRCLE
JACKSONVILLE, FL 32207 US

Mailing Address

3716 PINEVIEW CIRCLE
JACKSONVILLE, FL 32207 US



05152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1577084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOX, CLARENCE W SR
3716 PINEVIEW CIRCLE
JACKSONVILLE, FL 32207

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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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000764971
05/31/07-80021-003 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KNOX, CLARENCE W SR
STREET ADDRESS	3716 PINEVIEW CIRCLE
CITY- ST- ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	KNOX, MAUDLIN F
STREET ADDRESS	3716 PINEVIEW CIRCLE
CITY- ST- ZIP	JACKSONVILLE, FL 32207
TITLE	S/T
NAME	STUBBS, VERDITH
STREET ADDRESS	3716 PINEVIEW CIRCLE
CITY- ST- ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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 #

Clarence Knox **CLARENCE KNOX** 5-16-07 904 396-622, 904 8844