## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000023654

STUBBS, VERDITH

3716 PINEVIEW CIRCLE

JACKSONVILLE, FL 32207 US

Name:

Address: City-St-Zip:

Entity Name: CLARENCE KNOX MASONRY, INC.

FILED Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3716 PINEVIEW CIRCLE JACKSONVILLE, FL 32207 US **Current Mailing Address: New Mailing Address:** 3716 PINEVIEW CIRCLE JACKSONVILLE, FL 32207 US FEI Number: 42-1577084 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KNOX, CLARENCE W SR 3716 PINEVIEW CIRCLE JACKSONVILLE, FL 32207 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KNOX, CLARENCE W SR Name: Name: 3716 PINEVIEW CIRCLE Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: KNOX, MAUDLIN F Name: 3716 PINEVIEW CIRCLE Address: Address: JACKSONVILLE, FL 32207 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: S/T () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CLARENCE W KNOX SR P 04/29/2008