

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000031119

1. Entity Name
MAXIMUM MASONRY, INC.



Principal Place of Business
3806 SUNRISE BLVD.
FT PIERCE, FL 34982

Mailing Address
3806 SUNRISE BLVD.
FT PIERCE, FL 34982



01262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4239108

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WIGGLESWORTH, RHONDA
3806 SUNRISE BLVD
FT PIERCE, FL 34982

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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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000865072
04/07/08-80014-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	WIGGLESWORTH, TIM
STREET ADDRESS	3806 SUNRISE BLVD.
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	TS
NAME	WIGGLESWORTH, RHONDA
STREET ADDRESS	3806 SUNRISE BLVD.
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	P
NAME	MCHARGUE, VAUGHN
STREET ADDRESS	2055 HARRISON STREET
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Theresa Wigglesworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08

Date

772-460-8346

Daytime Phone #