

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000054295

1. Entity Name
AMR MASONRY CONSTRUCTION, INC.



Principal Place of Business
1675 S MULRENNAN RD
VALRICO, FL 33594

Mailing Address
1675 S MULRENNAN RD
VALRICO, FL 33594
NEW Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 29 AM 11:30



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3486485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KEITH, W.C.
1722 STAYSAIL DR
VELRICO, FL 33594

**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

**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 NAME STREET ADDRESS CITY - ST - ZIP	D MATHURIN, CARLOTTA 1675 S MULRENNAN RD VALRICO, FL 33594
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200136692032
10/07/08--01021--005 **158.75

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IN THIS SPACE**

TS 10/1/08

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 #