2008 FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000094576

1. Entity Name
SOUTHERN MASONRY OF INDIAN RIVER COUNTY, INC.

Principal Place of Business	Mailing Address
523 4 PLACE SW VERO BEACH, FL 32962	523 4 PLACE SW VERO BEACH, FL 32962

DO NOT WRITE IN THIS SPACE

01262008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
54-2123312	Not Applicable

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

6. Name and Address of Current Registered Agent

FISCHER, SCOTT B
523 4 PLACE SW
VERO BEACH, FL 32962

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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

U00000814206
02/13/08-80035-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FISCHER, SCOTT B
STREET ADDRESS	523 4 PLACE SW
CITY-ST-ZIP	VERO BEACH, FL 32962

TITLE	D
NAME	SMITH, DANIEL B
STREET ADDRESS	6800 45 STREET
CITY-ST-ZIP	VERO BEACH, FL 32967

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	

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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: X _____   1-29-00   772-913-5491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #