

2006 FOR PROFIT CORPORATION**ANNUAL REPORT****REINSTATEMENT**APPROVAL
AND
FILED

06 DEC 11 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000100852

1. Entity Name

JAMES M. ANDERSON MASONRY, INC.



Principal Place of Business

6287 SE 149TH CT RD
OCKLAWAHA, FL 32179

Mailing Address

P.O. BOX 474
OCKLAWAHA, FL 32183-0474**DO NOT WRITE IN THIS SPACE**

06262006

No Chg-P

CR2E034 (11/05)

4. FEI Number

68-0566711

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, JAMES M
6287 SE 149TH CT RD
OCKLAWAHA, FL 32179**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)

000081129596

12/15/06 01057-012 DATE **150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesIn 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
DPVS
ANDERSON, JAMES M
P.O. BOX 474TH CT RD
OCKLAWAHA, FL 321830474TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ANDERSON, JAMES M
P.O. BOX 474TH CT RD
OCKLAWAHA, FL 321830474TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP700082581167
12/15/06--01057--012 **600.00**DO NOT WRITE
IN THIS SPACE****REINSTATEMENT** 06

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 #

10-16-06 (352) 259 6312