

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90181 031 ***150.00

DOCUMENT # P03000112026

1. Entity Name
FLORIDA MASONRY SUPPLY INC



Principal Place of Business
**1810 HYPOLUXO ROAD
SUITE D-6
LAKE WORTH, FL 33462**

Mailing Address
**7029 JAMESTOWN MANOR DR
RIVERVIEW, FL 33569**

DO NOT WRITE IN THIS SPACE



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0286529

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEBOURN, HEATHER B
7029 JAMESTOWN MANOR DR
RIVERVIEW, FL 33569**

**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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SEBOURN, HEATHER B
7029 JAMESTOWN MANOR DR
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SECY
SEBOURN, HEATHER B
7029 JAMESTOWN MANOR DR
RIVERVIEW, FL 33569**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
ZINGALE, JOSEPH
1810 HYPOLUXO RD., STE. D6
LANTANA, FL 33462**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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: *Heather Sebourn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Apr 06
Date

(813) 300-5260
Daytime Phone #