2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000120820

1. Entity Name

Jerome Cox Masonry Inc.

FILED
10 APR 30 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500180065155
05/03/10--01016--008 **150.00

Principal Place of Business	Mailing Address
37 Finner Dr Crawfordville Fl 32327	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Leon County	37 Finner Dr
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Crawfordville	City & State
Zip: 32327 Country: Wakulla	Zip Country

4. FEI Number: 02-0702528 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Jerome Cox 37 Finner Dr Crawfordville, Fl 32327	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Jerome Cox
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, 2010 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jerome Cox Vice President	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	37 Finner Dr. Crawfordville, FL 32327	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kathleen Cox President	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	same as above	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	514	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jerome Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone #