

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000124524

1. Entity Name  
GARRETT MORAN MASONRY, INC.



FILED

07 MAY -1 PM 2:19

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4716 DAUPHINE BLVD  
TALLAHASSEE, FL 32303

Mailing Address  
4716 DAUPHINE BLVD  
TALLAHASSEE, FL 32303



05012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0358710

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MONTI, R.J.  
743 RED FERN RD  
TALLAHASSEE, FL 32308

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
PRES  
MORAN, GARRETT L PRESIDE  
4716 DAUPHINE BLVD.  
TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*03511*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

200101586712  
05/04/07--01020--024 \*\*150.00

**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: *Garrett Moran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #