المنزيد المائية

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

DOCUMENT # P0300 1. Entity Name MELGAARD MASONRY, INC.		
Principal Place of Business 495 SE COLBURN AVENUE	Mailing Address 481 SE WALDRON TERR.	
LAKE CITY, FL 32025	LAKE CITY, FL 32025	



DO NOT WRITE IN THIS SPACE

04112008 No Chg-P CR2E034 (11/05)

4.	FEI Number
20-0427799	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address of	Current	Registe	red /	∖gent

MELGAARD, ROBERT T 495 SE COLBURN AVENUE LAKE CITY, FL 32025

DO NOT WRITE IN THIS SPACE

SIGNATURE					
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered Agent signature required when reinstating)	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00				
10.	OFFICERS AND DIREC	TORS I I I I I I I I I I I I I I I I I I I	r conductor por committe nine grand de selicit di cicle de la committe de la comme		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELGAARD, ROBERT T 495 SE COLBURN AVENUE LAKE CITY, FL 32025				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			#105/21/08-80068-002 150.00 m		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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

12. I hereby certify that the information supplied with this filling 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 OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR JULY 125/02 Dayling Prone #