

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000132008

1. Entity Name
FRANK CROFT MASONRY, INC



Principal Place of Business

**141 SW BRIM STREET
LAKE CITY, FL 32024**

Mailing Address

**141 SW BRIM STREET
LAKE CITY, FL 32024**



03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0397430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CROFT, FRANK
RT 11 BOX 395
LAKE CITY, FL 32024**

**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, 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	PV CROFT, FRANK 141 SW BRIM STREET LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CROFT, MARIALYCE 141 SW BRIM STREET LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCFARLAND, BRETT 141 SW BRIM STREET LAKE CITY, FL 32024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/30/07-80023-014 150.00

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:

Frank Croft **FRANK Croft** 4-17-07 (386)755-5183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #