

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000134796</b>	
1. Entity Name ROBERT PETRILLOS MASONRY INC.	
Principal Place of Business 3885 RAMBLER AVE ST CLOUD, FL 34772 US	Mailing Address 3885 RAMBLER AVE ST CLOUD, FL 34772 US



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 90-0136252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  PETRILLO, ROBERT J 3885 RAMBLER AVE ST CLOUD, FL 34772
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**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)

000000702413  
05/30/07 200000-022 150.00

**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	P PETRILLO, ROBERT J 3885 RAMBLER AVE ST CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASE, WINTHROP 4814 ORIOLE DR ST CLOUD, FL 34772
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #