

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90102 032 ***158.75

DOCUMENT # P03000140354

1. Entity Name

RICHARD BOHNSTEDT MASONRY, INC.



Principal Place of Business

SLIP ONE, 85970 OVERSEAS HWY.
ISLAMORADA FL 33036

Mailing Address

P. O. BOX 726
ISLAMORADA FL 33036



2. Principal Place of Business - No P.O. Box #

85944 Overseas Hwy

Suite, Apt. #, etc.

First Floor

City & State

Islamorada FL

3. Mailing Address

Box 726

Suite, Apt. #, etc.

Islamorada FL

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2459536

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOHNSTEDT, RICHARD
SLIP ONE, 85970 OVERSEAS HWY.
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name Bohnstedt Richard

Street Address (P.O. Box Number is Not Acceptable)

1st Floor 85944 Overseas Hwy

City Islamorada

FL

Zip Code 33036

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> Delete
NAME	BOHNSTEDT, RICHARD	
STREET ADDRESS	85970 OVERSEAS HWY	
CITY - ST - ZIP	ISLAMORADA FL 33036	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Richard Bohnstedt 2.2.07

Date

Daytime Phone #

305 393

0705