

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000152702

1. Entity Name
CHARLES HANKS MASONRY, INC.



Principal Place of Business
**17965 SR 62
PARRISH, FL 34219**

Mailing Address
**17965 SR 62
PARRISH, FL 34219**



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2677192

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HANKS, CHARLES LEE
17965 SR 62
PARRISH, FL 34219**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

02/13/08-80036-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANKS, CHARLES L
STREET ADDRESS	17965 SR 62
CITY-ST-ZIP	PARRISH, FL 34219

TITLE	D
NAME	HANKS, DEBRA MAY
STREET ADDRESS	17965 SR 62
CITY-ST-ZIP	PARRISH, FL 34219

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**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:

Charles Hanks

2/1/08

941-720 1760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #