

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

07-17-2006 90140 023 ***150.00

DOCUMENT # P04000001082

1. Entity Name
W.F. GRIESMEYER MASONRY INC.



Principal Place of Business
22 MATE DRIVE
ROTONDA SANDS, FL 33947 US

Mailing Address
P.O. BOX 179
PLACIDA, FL 33946 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-0549519

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, TAMI
4350 LAROSA AVENUE
NORTH PORT, FL 34286

Name
Linda M. Griesmeyer
Street Address (P.O. Box Number is Not Acceptable)
22 Mate Drive
PO Box 179
City
Placida, FL 3 **FL** *33946*

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

Linda M. Griesmeyer

(NOTE: Registered Agent signature required when re-registering)

7/20/06

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	☐ Delete
NAME	GRIESMEYER, WILLIAM	
STREET ADDRESS	22 MATE DRIVE	
CITY-ST-ZIP	ROTONDA SANDS, FL 33947	
TITLE	DVPS	☐ Delete
NAME	GRIESMEYER, JAMES	
STREET ADDRESS	11183 S.W. KISSIMMEE ROAD	
CITY-ST-ZIP	ARCADIA, FL 34269	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

William F. Griesmeyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/06

DATE

941.698.6907

DAYTIME PHONE #