

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000020450

1. Entity Name
M & E MASONRY & SONS, INC.



Principal Place of Business
**7971 SYCAMORE LN.
JACKSONVILLE, FL 32219 US**

Mailing Address
**7971 SYCAMORE LN.
JACKSONVILLE, FL 32219 US**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0779786

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FORDHAM, RANDI
1241 S. MC DUFF AVE.
JACKSONVILLE, FL 32205**

**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	PD
NAME	KROGER, DAVID W
STREET ADDRESS	7971 SYCAMORE LN.
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	VD
NAME	KROGER, SHIRLEY
STREET ADDRESS	7971 SYCAMORE LN.
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	SD
NAME	KROGER, STEVEN
STREET ADDRESS	7971 SYCAMORE LN.
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/07-80042-005 150.00

**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:

Shirley Kroger **Shirley Kroger** 01/30/07 904-766-3961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #