# 2008 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P04000021783**

1. Entity Name
**OHLIN MASONRY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1381 PALMWOOD DR | 1381 PALMWOOD DR |
| MELBOURNE, FL  32935 | MELBOURNE, FL  32935 |

**DO NOT WRITE IN THIS SPACE**

01072008      No Chg-P      CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 51-0493785 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

OHLIN, JEFFREY V
1381 PALMWOOD DR
MELBOURNE, FL  32935

**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

| 10. | OFFICERS AND DIRECTORS | |
|---|---|---|
| TITLE | DP | |
| NAME | OHLIN, JEFFREY V | |
| STREET ADDRESS | 1381 PALMWOOD DR | |
| CITY-ST-ZIP | MELBOURNE, FL  32935 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

U000000795411
01/28/08-80046-012 150.00

**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:** X _Jeffrey V. Ohlin_  JEFFREY V. OHLIN  1-20-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR          Date          Daytime Phone #