

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000064267

1. Entity Name
BZD MASONRY INC



Principal Place of Business
10325 KERCHCHERR AVENUE
HASTINGS, FL 32145

Mailing Address
10325 KERCHCHERR AVENUE
HASTINGS, FL 32145

FILED

07 SEP 20 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07232007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1013222

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

DILULLO, BLAKE Z
10325 KERCHCHERR AVENUE
HASTINGS, FL 32145

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

500109606935
09/20/07--01001--003 **158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

TITLE	P
NAME	DILULLO, BLAKE Z
STREET ADDRESS	10325 KERCHCHERR AVENUE
CITY-ST-ZIP	HASTINGS, FL 32145
TITLE	P
NAME	DILULLO, BLAKE Z
STREET ADDRESS	10325 KEROCHERRY AVE
CITY-ST-ZIP	HASTINGS, FL 32145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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: *Blake Z Dilullo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-07 (904) 814-7368
Date Daytime Phone #