2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

Mailing Address

## **DOCUMENT # P04000148268**

1. Entity Name

Principal Place of Business

SOUTHSIDE MASONRY INC.



**FILED** Feb 29, 2008 08:00 AN Secretary of State





Suite, Apt, F, etc.  Cry & State  Cry & State  Country  Applied For Not Acclusable  SR.75 Additional Features  B. 87.75 Additional Features  B. 17. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  JONES, REXFORD  4210 NW 35 TERR  LAUDERDALE LAKES FL 33309  City  FL Zip Code  Street Address of PO Box Numbers into estatement for the purcess of changing its registered office or registered agent, or point in the State of Force. Lam familiar with, and accept the obligations of registered agent, or point in the State of Force. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!! FEE IS 150.00 - 10 - 10 - 10 - 10 - 10 - 10 - 10	4210 NW 35 LAUDERDAI US	TERR LE LAKES FI	_ 33309		4210 NW 35 TERR LAUDERDALE LAKES FL 33309 US							
City & State    Country	2. Principal Place of Business - No P.O. Box #			3. Mailing Addres	3. Mailing Address							
Zup Country Zip Country Zip Country 5. Certificate of Status Dearra San 75 Acts distant Fee Required  6. Name and Address of Current Registered Agent  JONES, REXFORD 4210 NW 35 TERR LAUDERDALE LAKES FL 33309  City FL Zip Codo  City FL Zip Codo  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Codo  City FL Zip Codo  City FL Zip Codo  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Codo  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Codo  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Codo  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Codo  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Codo  City FL Zip Codo  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Codo  City FL Zip Cod	Suite, Apt. #, etc.			Suite, Apt. #, e	Suite, Apt. #, etc.			st MOORE	CR2E034	(10/07)		
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Namo   Street Address (P.O. Box Number is Not Acceptable)		6. Name a	and Address of Curr	ent Registered Agent	gent		7. Name an					
Action   Street Address   F.O. Box Number is Not Acceptable)	JONES, REXFORD					Name						
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THE CLIGATIONS OF registered signers.    SIGNATURE						City			FL	Zip Code	0	
SIGNATURE	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.											
### FILE NOW!! FEE IS \$15.00 = 10.00   Trust Fund Contribution   \$5.00 May Be Added to Fees    ### After May 11, 2008 Fee Will Be \$550.00   Trust Fund Contribution   \$5.00 May Be Added to Fees    ### After May 11, 2008 Fee Will Be \$550.00   Trust Fund Contribution   \$5.00 May Be Added to Fees    ### After May 11, 2008 Fee Will Be \$550.00   Trust Fund Contribution   \$5.00 May Be Added to Fees    ### After May 11, 2008 Fee Will Be \$550.00   Trust Fund Contribution   \$5.00 May Be Added to Fees    ### Added to Fees    ### Added to Fees    ### DONES, REXFORD   Trust Fund Contribution   \$1.00 Change   Addition    ### Added to Fees    ###	ine dangar	iona en rogicia	ob agam.									
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2. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information	<del></del>											

indicated on this report or supplemental report is true and accurate 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayt mo Phone #

Date