

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P04000159319

1. Entity Name
CRAIG'S QUALITY MASONRY, INC.



Principal Place of Business
**2425 FOREST DR
LAKE WELLS, FL 33898**

Mailing Address
**2425 FOREST DR
LAKE WELLS, FL 33898**

DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number
61-1478750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEBB, CRAIG A
2425 FOREST DR
LAKE WALES, FL 33898**

**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 | P |
| NAME | WEBB, CRAIG |
| STREET ADDRESS | 2425 FOREST DR |
| CITY - ST - ZIP | LAKE WELLS, FL 33898 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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05/10/07-80060-024 150.00

**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:

Craig Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07
Date

863 478 9000
Daytime Phone #