


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-02-2007 90094 032 ***150.00

DOCUMENT # P05000012865					
1. Entity Name HERNANDEZ BROTHERS MASONRY, INC.					
Principal Place of Business 2290 MAINE AVE. FORT MYERS, FL 33905			Mailing Address 2290 MAINE AVE. FORT MYERS, FL 33905		
2. Principal Place of Business - No P.O. Box # 229 Maine Ave.			3. Mailing Address 229 Maine Ave.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Fort Myers FL			City & State Fort Myers FL		
Zip	Country	Zip	Country	4. FEI Number 20-2202235	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERNANDEZ, HERNAN 2290 MAINE AVE. FORT MYERS, FL 33905			Name Hernandez, Hernan		
			Street Address (P.O. Box Number is Not Acceptable)		
			229 Maine Ave.		
			City Fort Myers FL Zip Code 33905 		
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 state 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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, HERNAN		NAME		
STREET ADDRESS	229 MAINE AVE.		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, JUAN		NAME		
STREET ADDRESS	4950 NORTH GALAXY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, JOSE		NAME	VP Hernandez, Jose	
STREET ADDRESS	4750 NOTTINGHAM		STREET ADDRESS	4750 Nottingham FT Myers FL 33905	
CITY-ST-ZIP	FORT MYERS, FL 33905		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>HERNAN HERNANDEZ, President</u>			<u>3/20/07</u> <u>239-225-5340</u> <small>Date Daytime Phone #</small>		
<u>Hernan Hernandez, president</u>			<u>4/13/07</u> <u>239-225-5340</u> <small>Date Daytime Phone #</small>		