

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088893

Entity Name: MASONRY SYSTEMS, INC.

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

4828 US HIGHWAY 92 E.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2784
LAKELAND, FL 33806

New Mailing Address:

FEI Number: 20-3034386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAIL, SHIRLEY D
4828 US HIGHWAY 92 E.
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAIL, SHIRLEY D
Address: 39150 US HIGHWAY 92 E.
City-St-Zip: UMATILLA, FL 32784

Title: VP () Delete
Name: LAIL, STEVE C II
Address: 5939 WHITE TAIL LOOP
City-St-Zip: LAKELAND, FL 33811

Title: VP () Delete
Name: LAIL, SLADE C
Address: 39540 C.R. 439
City-St-Zip: UMATILLA, FL 32784

Title: CONS () Delete
Name: LAIL, STEVE C SR
Address: P.O. BOX 2784
City-St-Zip: LAKELAND, FL 33806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAIL, SHIRLEY D
Address: 39150 C.R. 439
City-St-Zip: UMATILLA, FL 32784

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY DIANE LAIL

P

04/13/2007

Electronic Signature of Signing Officer or Director

Date