


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000091647		
1. Entity Name STEVE GRICE MASONRY, INC.		
Principal Place of Business 3213 SAWMILL TRAIL AVON PARK, FL 33825		Mailing Address 3213 SAWMILL TRAIL AVON PARK, FL 33825
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROBERT E. LIVINGSTON, P.A. 445 SOUTH COMMERCE AVENUE SEBRING, FL 33870		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		U000000837023 03/04/08-80038-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRICE, STEVE W 3213 SAWMILL TRAIL AVON PARK, FL 33825	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRICE, MARY JO 3213 SAWMILL TRAIL AVON PARK, FL 33825	
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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>Mary Jo Grice</u> MARY JO GRICE <u>2/20/08</u> <u>863-381-0637</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		