


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90074 025 ***150.00

DOCUMENT # P06000004818					
1. Entity Name A-ONE MASONRY, INC					
Principal Place of Business 714-B W. MINNESOTA AVE. ORANGE CITY, FL 32763			Mailing Address 714-B W. MINNESOTA AVE. ORANGE CITY, FL 32763		
2. Principal Place of Business - No P.O. Box # 1160 3RD ST.		3. Mailing Address 1160 3RD ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORANGE CITY, FL		City & State ORANGE CITY, FL		4. FEI Number 20-4168143	
Zip 32763		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01252007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: <u>DEBORAH J. MACK</u> Street Address (P.O. Box Number is Not Acceptable): 1160 3RD ST. City: <u>ORANGE CITY, FL</u> Zip Code: <u>32763</u>		
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: _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD TILGHMAN, KENNETH R 714-B W. MINNESOTA AVE. ORANGE CITY, FL 32763		TITLE NAME STREET ADDRESS CITY- ST- ZIP	1160 3RD ST 1160 3RD ST.	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD MACK, DEBORAH J 714-B W. MINNESOTA AVE. ORANGE CITY, FL 32763		TITLE NAME STREET ADDRESS CITY- ST- ZIP	1160 3RD ST.	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
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>[Signature]</u>			SIGNATURE: <u>Deborah Mack</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>1-31-07</u> Daytime Phone #		