FILED
Apr 28, 2008 8:00 am
Secretary of State
04-07-2008 90026 037 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000004818

1. Entity Name
A-ONE MASONRY, INC

66008171

03132008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1160 3RD STREET ORANGE CITY, FL 32763	1160 3RD STREET ORANGE CITY, FL 32763
2. Principal Place of Business - No P.O. Box #: 890 DELAND AVE Suite, Apt. #, etc.	3. Mailing Address: 890 DELAND AVE. Suite, Apt. #, etc.
City & State: ORANGE CITY, FL	City & State: ORANGE CITY, FL
Zip: 32763 Country: USA	Zip: 32763 Country: USA

4. FEI Number: 20-4168143 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACK, DEBORAH J
1160 3RD STREET
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent

Name: DEBORAH J. TILGHMAN
Street Address (P.O. Box Number is Not Acceptable): 890 DELAND AVE
City: ORANGE CITY FL Zip Code: 32763

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: Deborah J. Tilghman Deborah J. Tilghman 4-23-08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 1160 3RD STREET ORANGE CITY, FL 32763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 890 DELAND AVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD MACK, DEBORAH J 1160 3RD STREET ORANGE CITY, FL 32763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 TILGHMAN, DEBORAH J. 890 DELAND AVE	☒ 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
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: Kenneth R. Tilghman (President) 4-23-08 (386) 561-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Kenneth R. Tilghman