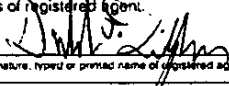


FILED
Apr 28, 2008 8:00 am
Secretary of State

04-07-2008 90026 037 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000004818			
1. Entity Name A-ONE MASONRY, INC			
Principal Place of Business 1160 3RD STREET ORANGE CITY, FL 32763		Mailing Address 1160 3RD STREET ORANGE CITY, FL 32763	
2. Principal Place of Business - No P.O. Box # 890 DELAND AVE		3. Mailing Address 890 DELAND AVE	
Suite, Apt. #, etc.		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   DATE 4-23-08 (NOTE: Registered Agent signature required when reinstating)			
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	☒ Change ☐ Addition 890 DELAND AVE
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. ☒ Change ☐ Addition 890 DELAND AVE
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		4-23-08 (386) 561-0999	