



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90089 035 \*\*\*150.00

5/

<b>DOCUMENT # P06000008560</b> 1. Entity Name <b>FEMAT MASONRY CO. INC.</b>					
Principal Place of Business <b>13354 5TH STREET</b> <b>FORT MYERS, FL 33905 US</b>			Mailing Address <b>13354 5TH STREET</b> <b>FORT MYERS, FL 33905 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4544 20th St. SW</b>		3. Mailing Address <b>4544 20th St. SW</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04252007 Chg-P CR2E034 (12/06)	
City & State <b>Lehigh Acres FL</b>		City & State <b>Lehigh Acres FL</b>		4. FEI Number <b>59-3831877</b>	
Zip <b>33971</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FEMAT, ISMAEL</b> <b>13354 5TH STREET</b> <b>FORT MYERS, FL 33905</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4544 20th St. SW</b> City <b>Lehigh Acres FL</b> Zip Code <b>33971</b>	
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 re-stating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b>	NAME <b>FEMAT, ISMAEL</b>		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>13354 5TH STREET</b>	CITY-ST-ZIP <b>FORT MYERS, FL 33905</b>		NAME <b>4544 20th St. SW</b>		
CITY-ST-ZIP <b>FORT MYERS, FL 33905</b>	STREET ADDRESS <b>Lehigh Acres FL</b>		CITY-ST-ZIP <b>33971</b>		
TITLE 	NAME 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 		NAME 		
CITY-ST-ZIP 	STREET ADDRESS 		CITY-ST-ZIP 		
TITLE 	NAME 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 		NAME 		
CITY-ST-ZIP 	STREET ADDRESS 		CITY-ST-ZIP 		
TITLE 	NAME 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 		NAME 		
CITY-ST-ZIP 	STREET ADDRESS 		CITY-ST-ZIP 		
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: <b>Ismael Femat</b>			Date: <b>6/26/07 (239)</b> Daytime Phone #: <b>674-9682</b>		