

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 01, 2008 8:00 am
Secretary of State**

05-01-2008 90223 023 ***150.00

DOCUMENT # P06000009202

1. Entity Name
CHRIS MASONRY INC.



Principal Place of Business
13516 W. HILLSBOROUGH AVE.
UNIT 4
TAMPA, FL 33635

Mailing Address
13516 W. HILLSBOROUGH AVE.
UNIT 4
TAMPA, FL 33635

40000404



04142008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4131572	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NIEDZIELSKI, KRZYSZTOF
13516 W. HILLSBOROUGH AVE.
UNIT 4
TAMPA, FL 33635

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

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

TITLE P
NAME NIEDZIELSKI, KRZYSZTOF
STREET ADDRESS 13516 W. HILLSBOROUGH AVE., UNIT 4
CITY-ST-ZIP TAMPA, FL 33635

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	NIEDZIELSKI, KRZYSZTOF	13516 W. HILLSBOROUGH AVE., UNIT 4	TAMPA, FL 33635	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE VP
NAME
STREET ADDRESS
CITY-ST-ZIP

EVA H. NIEDZIELSKI	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
13516 W. HILLSBOROUGH AVE., UNIT 4		
TAMPA, FL 33635		

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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: *Krzysztof Niedzielski* **KRZYSZTOF NIEDZIELSKI**
PRES. **4/14/08** **727-729-9758**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #