

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000009202

Entity Name: CHRIS MASONRY INC.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

941 65TH STREET S
ST. PETERSBURG, FL 33707

Current Mailing Address:

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

New Mailing Address:

941 65TH STREET S
ST. PETERSBURG, FL 33707

FEI Number: 20-4131572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NIEDZIELSKI, KRZYSZTOF
941 65TH STREET S
ST. PETERSBURG, FL 33707 US

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.

SIGNATURE: KRZYSZTOF NIEDZIELSKI

04/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NIEDZIELSKI, KRZYSZTOF
Address: 13516 W. HILLSBOROUGH AVE., UNIT 4
City-St-Zip: TAMPA, FL 33635

Title: V () Delete
Name: NIEDZIELSKI, EVA H
Address: 13516 W HILLSBOROUGH AVE UNIT 4
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NIEDZIELSKI, KRZYSZTOF
Address: 941 65TH STREET S
City-St-Zip: ST. PETERSBURG, FL 33707

Title: VP (X) Change () Addition
Name: NIEDZIELSKI, EVA H
Address: 941 65TH STREET S
City-St-Zip: ST. PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRZYSZTOF NIEDZIELSKI

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date