

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90009 013 \*\*\*150.00

DOCUMENT # P06000034312

1. Entity Name  
GTO MASONRY INC



Principal Place of Business

2179 CHICKADEE DR  
APOPKA, FL 32703 US

Mailing Address

2179 CHICKADEE DR  
APOPKA, FL 32703 US

**DO NOT WRITE IN THIS SPACE**



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number

~~20-4432003~~ 20-4447633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OTERO, JERONIMO L  
21475 CHICKADEE DR  
APOPKA, FL 32703

**DO NOT WRITE  
IN THIS SPACE**

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	OTERO, JERONIMO L
STREET ADDRESS	2179 CHICKADEE DR
CITY - ST - ZIP	APOPKA, FL 32703
TITLE	VP
NAME	VASQUEZ, MARCEL
STREET ADDRESS	2179 CHICKADEE DR
CITY - ST - ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JERONIMO L. OTERO X 5/19/08 X 912-604-1236