

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000088062

1. Entity Name
MIKE WARD MASONRY, INC.



Principal Place of Business
7003 SE 218TH ST.
HAWTHORNE, FL 32640

Mailing Address
P.O. BOX 2461
HAWTHORNE, FL 32640

DO NOT WRITE IN THIS SPACE



07292008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5147917

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

J & S ACCOUNTING AND TAX
6045 SE U.S. HIGHWAY 301
HAWTHORNE, FL 32640

**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.

U00000356747
07/31/08-80003-004 150.00

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WARD, MICHAEL G
STREET ADDRESS	P. O. BOX 2461
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

WILLIAM ROYSEY

07-29-08

Date

(352) 481-2305

Daytime Phone #