


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

03-02-2007 90022 001 ***150.00

DOCUMENT # P06000092830	
1. Entity Name ROBERT CARLTON MASONRY, INC.	

Principal Place of Business 3405 WESFIELD DRIVE GREEN COVE SPRINGS FL 32043 US	Mailing Address 3405 WESFIELD DRIVE GREEN COVE SPRINGS FL 32043 US
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2. Principal Place of Business - No P.O. Box # 2362 Olander ST	3. Mailing Address 2362 Olander ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

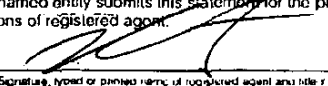
1st MOORE CR2E034 (10/06)

City & State Green Cove Springs, FL	City & State Green Cove Springs, FL
Zip 32043	Zip 32043
Country US	Country US

4. FEI Number 20-5180656	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

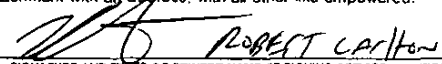
6. Name and Address of Current Registered Agent	
SANTORO, THOMAS C 1700 WELLS ROAD SUITE 5 ORANGE PARK FL 32073	

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 	DATE 2/19/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P.V.P.	<input type="checkbox"/> Delete	TITLE P.V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLTON, ROBERT		NAME CARLTON, ROBERT	
STREET ADDRESS 3405 WESFIELD DRIVE		STREET ADDRESS 2362 Olander ST	
CITY - ST - ZIP GREEN COVE SPRINGS FL 32043		CITY - ST - ZIP Green Cove Springs, FL 32043	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 4/10/07 Daytime Phone # 904 838 4457