## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 23, 2007 8:00 am **Secretary of State DOCUMENT # P06000102081** 1. Entity Name 02-23-2007 90030 017 \*\*\*158.75 R.L.D. MASONRY, INC Principal Place of Business Mailing Address 5211 SW 116TH IN 5211 SW 116TH LN WEBSTER, FL 33597 WEBSTER, FL 33597 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172007 CR2E034 (12/06) City & State City & State 4. FEI Number 20-5328323 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOUGHERTY, RANDY L Street Address (P.O. Box Number is Not Acceptable) 5211 SW 116TH LN WEBSTER, FL 33597 City Zip Code F 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition Barbara Dougherty 5a11 s.w. 116 Lane DOUGHERTY, RANDY L NAME NAME STREET ADDRESS 5211 SW 116TH LN STREET ADDRESS CITY-ST-7IP WEBSTER, FL 33597 CITY-ST-ZIP Webster, F1 33597 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

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

2/18/07