2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2008 8:00 am Secretary of State

ANNOAL NEFORI			Secretary of State			
DOCUMENT # P06000123 1. Entity Name QUICK MASONRY, INC.	3825			-2008 90019 002 *		
Principal Place of Business	Mailing Address	***	Mago	-		
2640 4TH AVE.	2640 4TH AVE.		. 1,130			
NAPLES, FL 34120	NAPLES, FL 34120 =		1	and the second		
• • •						
2 Principal Place of Business - No P.O. Box #	Principal Place of Business - No P.O. Box # 3-Mailing Address				. 	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- 2023	-			
			02112008 Chg	g-P CR2E034	(12/06)	
Liva State	Lity & State		4. FEI Number 20-5631985		Applied For Not Applicable	
Zín Country	Zip .	Seuntry 🕜		s ·	3.75 Additional	
33002 Dade	33002	Parle	5. Certificate of Status		e Required	
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name			
GIL, EGLIS						
2640 4TH AVE.			Street Address (P.O. Box Number is NA Acceptable)			
NAPLES, FL 34120						
		City A			Zin.Code 🔿	
9. The charge period estitue thereta this statement for	with a company of all and in a life and	1-110	im'	FL	3318	
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	and title if applicable. (NOTE: Re	egistered Agent signature requir	red when reinstating)	DATE		
	a Sharka Ga at					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.	9. Election Campaign Trust Fund Contribu	ution.	5.00 May Be			
10. 3 3 OFFICERS AND		11,	ADDITIONS (CLANCE	TO OCCUPEND AND D	POTOTODO NI 44	
TITLE DP	Delete	TITLE	ADDITIONS/CHANGE	S TO OFFICERS AND DI	Change Addition	
NAME GIL, EGLIS			8 10.00.12		, osango, sosmon	
STREET ADDRESS 2640 4TH AVE. CITY-SI-ZIP NAPLES, FL 34120		STHEET ADDRESS 1 "	liami FI.	35128	1	
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CITY-ST-ZIP		CITY-ST-ZIP				
TITLE NAME	☐ Delete	TITLE NAME		L	Change Addition	
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TITLE	☐ Delete	TITLE		Г	Change Addition	
NAME		NAME		_		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
	this filling does not qualify for th		ed in Chanter 119 Florida 9	Statutes I further continu	that the information	
12. I hereby certify that the information supplied with this filling 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 congregation or the resolution of the congregation or the resolution of the congregation of						
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:	411/08	(239)253	-0862			