

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148961

FILED
Mar 20, 2008
Secretary of State

Entity Name: ORLANDO MASONRY, INCORPORATED

Current Principal Place of Business:

405 DOUGLAS AVENUE
SUITE 1555
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1810 N. HAMMON DR.
APOPKA, FL 32703

Current Mailing Address:

405 DOUGLAS AVENUE
SUITE 1555
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

1810 N. HAMMON DR.
APOPKA, FL 32703

FEI Number: 72-1580930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHODES, EDDIE R
405 DOUGLAS AVENUE
SUITE 1555
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

RHODES, EDDIE R
1810 N. HAMMON DR.
APOPKA, FL 32703 US

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.

SIGNATURE: EDDIE RHODES

03/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OWNE () Delete
Name: RHODES, EDDIE R
Address: 405 DOUGLAS AVENUE
City-St-Zip: SUITE 1555, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change () Addition
Name: RHODES, EDDIE R
Address: 1810 N. HAMMON DR.
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDDIE RHODES

OWNE

03/20/2008

Electronic Signature of Signing Officer or Director

Date