

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90001 030 ***150.00

60044521



06092008 Chg-P CR2E034 (12/06)

4. FEI Number **22-3955252** Applied ☐ Fee ☐

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

DOCUMENT # P07000028760

1. Entity Name
ABOVE AND BEYOND MASONRY, INC.



Principal Place of Business
**2235 ARROW GRASS DRIVE, #207
WESLEY CHAPEL, FL 33543**

Mailing Address
**2235 ARROW GRASS DRIVE, #207
WESLEY CHAPEL, FL 33543**

2. Principal Place of Business - No P.O. Box # **14905 Arbor Springs Cir**

Suite, Apt. #, etc. **#201 Apt**

City & State **Tampa FL**

Zip **33624** Country **USA**

3. Mailing Address **Same**

Suite, Apt. #, etc. **Apt # 201**

City & State **Tampa FL**

Zip **33624** Country **USA**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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

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., this corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **PERRY, JASEN E**
STREET ADDRESS **2235 ARROW GRASS DRIVE, #207**
CITY- ST- ZIP **WESLEY CHAPEL, FL 33543**

TITLE **DVT** ☐ Delete
NAME **PERRY, KELLI M**
STREET ADDRESS **2235 ARROW GRASS DRIVE, #207**
CITY- ST- ZIP **WESLEY CHAPEL, FL 33543**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Change ☐ Addition
NAME **Jasen E. Perry**
STREET ADDRESS **14905 Arbor Springs Cir #201**
CITY- ST- ZIP **Tampa FL 33624**

TITLE ☐ Change ☐ Addition
NAME **Kelli M. Perry**
STREET ADDRESS **14905 Arbor Springs Cir #201**
CITY- ST- ZIP **Tampa FL 33624**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 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 11. If changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 10, 2008
Date

Daytime Phone #