



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90069 002 ***158.75

DOCUMENT # P07000077562 1. Entity Name DESIGN MASONRY SERVICES, INC.					
Principal Place of Business 1910 WEST DINNER LAKE DRIVE SEBRING, FL 33870 US		Mailing Address 1910 WEST DINNER LAKE DRIVE SEBRING, FL 33870 US		40032293 	
2. Principal Place of Business - No P.O. Box # 1529 PINETOP TER		3. Mailing Address P.O. BOX 513		Suite, Apt. #, etc. 	
City & State LAKE PLACID FL		City & State SEBRING FL		4. FEI Number 260499 594	
Zip 33852		Country Highlands		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WANKLIN, DAVID 1910 WEST DINNER LAKE DRIVE SEBRING, FL 33870		7. Name and Address of New Registered Agent Name DAVE WANKLIN Street Address (P.O. Box Number is Not Acceptable) 1529 PINETOP TER City LAKE PLACID FL 33852			
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 <u><i>Dave Wanklin</i></u> 2-22-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE OWNER	NAME DAVE WANKLIN		<input type="checkbox"/> Delete		
STREET ADDRESS 1529 PINETOP TER	CITY - ST - ZIP LAKE PLACID FL 33852		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u><i>Dave Wanklin</i></u>			2-22-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		