

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90072 027 ***150.00

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1. Entity Name
SMITTY'S MASONRY, INC.



Principal Place of Business

5006 STOLLS AVENUE
TAMPA, FL 33615

Mailing Address

5006 STOLLS AVENUE
TAMPA, FL 33615

40042298



2. Principal Place of Business - No P.O. Box #

5006 Stolls Ave.

Suite, Apt. #, etc.

Tampa FL

City & State

Zip
33615

Country

Hillsborough

3. Mailing Address

1405 S.E. 4th Ave

Suite, Apt. #, etc.

City & State

Bainbridge FL

Zip

32641

Country

01172008 Chg-P CR2E034 (12/06)

4. FEI Number

32-0111829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSAN, RICHARD R ESQ.
112 WEST WINDHORST ROAD
BRANDON, FL 33510

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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, EDGAR
STREET ADDRESS 5006 STOLLS AVENUE
CITY-ST-ZIP TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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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 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:

Edgar Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08

(813) 695-0332

Date

Daytime Phone #