

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000073878

Entity Name: BRAZEL MASONARY, INC.

FILED  
Jan 21, 2007  
Secretary of State

**Current Principal Place of Business:**

8700 HOLLINGSWORTH AVE.  
PENSACOLA, FL 32534

**New Principal Place of Business:**

**Current Mailing Address:**

8700 HOLLINGSWORTH AVE.  
PENSACOLA, FL 32534

**New Mailing Address:**

FEI Number: 59-3222965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRAZEL, MIKE D  
8700 HOLLINGSWORTH AVE.  
PENSACOLA, FL 32534 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: BRAZEL, MIKE D  
Address: 8700 HOLLINGSWORTH  
City-St-Zip: PENSACOLA, FL 32534

Title: VD ( ) Delete  
Name: ADAMS, DANIEL  
Address: 1801 E. JOHNSON AVENUE  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE D. BRAZEL

ST

01/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date