## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000043669

16550 NW 46 ST

MORRISTON, FL 32668

Address: City-St-Zip:

Entity Name: MASONRY ENTERPRISES, INC.

FILED Apr 29, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
16740 NW MORRIST	753 ST ON, FL 32668				
Current Mailing Address:			New Mailing Address:		
PO BOX 397 OCALA, FL 344780397 US			16740 NW 53 ST MORRISTON, FL 32668		
FEI Number:	: 59-3252184	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
The above	' 53 ST ON, FL 32668		ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( SAEZ, JOSEPH 16740 NW 53 S MORRISTON, I	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST ( SAEZ, SHIRLE 16740 NW 53 S MORRISTON, I	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ( ) SAEZ, JOSEPH	Delete	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SHIRLEY A SAEZ ST 04/29/2008