

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000043669

Entity Name: MASONRY ENTERPRISES, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16740 NW 53 ST  
MORRISTON, FL 32668

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 397  
OCALA, FL 344780397

**New Mailing Address:**

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:**

SAEZ, JOSEPH P  
16740 NW 53 ST  
MORRISTON, FL 32668 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SAEZ, JOSEPH  
Address: 16740 NW 53 ST  
City-St-Zip: MORRISTON, FL 32668

Title: ST  
Name: SAEZ, SHIRLEY A  
Address: 16740 NW 53 ST  
City-St-Zip: MORRISTON, FL 32668

Title: VP  
Name: SAEZ, JOSEPH III  
Address: 16550 NW 46 ST  
City-St-Zip: MORRISTON, FL 32668

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY A SAEZ

ST

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date