

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90034 031 ***150.00

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1. Entity Name
DOYLE MASONRY, INC.



Principal Place of Business
**3306 ENTERPRISE ROAD, Ste #103
FORT PIERCE, FL 34982**

Mailing Address
**3306 ENTERPRISE ROAD, Ste #103
FORT PIERCE, FL 34982**

50001194



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0552987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOYLE, MIKE
3306 Enterprise Road, Ste #103
FT Pierce, FL 34982

**DO NOT WRITE
IN THIS SPACE**

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, 2007 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	DOYLE, MICHAEL
STREET ADDRESS	3306 ENTERPRISE ROAD, Ste #103
CITY - ST - ZIP	FORT PIERCE, FL 34982
TITLE	D
NAME	DOYLE, DEAN
STREET ADDRESS	3306 ENTERPRISE ROAD, Ste #103
CITY - ST - ZIP	FORT PIERCE, FL 34982
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/05 **724 464 2372**