

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000004558

Entity Name: DOYLE MASONRY, INC.

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

919 N U S HIGHWAY 1  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

919 N U S HIGHWAY 1  
FORT PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 65-0552987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOYLE, MIKE  
919 N U S HIGHWAY 1  
FORT PIERCE, FL 34950 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: D  
Name: DOYLE, MICHAEL  
Address: 919 N U S HIGHWAY 1  
City-St-Zip: FORT PIERCE, FL 34950

Title: D  
Name: DOYLE, DEAN  
Address: 919 N U S HIGHWAY 1  
City-St-Zip: FORT PIERCE, FL 34950

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: MICHAEL DOYLE

D

01/17/2011

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

\_\_\_\_\_  
Date