

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000044355	
1. Entity Name SWINDEL'S MASONRY, INC.	

Principal Place of Business 640 ALCAZAR AVE COCOA, F 32927 US	Mailing Address 640 ALCAZAR AVE COCOA, FL 32927 US
---------------------------------------------------------------------	----------------------------------------------------------



04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3320923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWINDEL, JAMES W
640 ALCAZAR AVE
COCOA, FL 32927

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

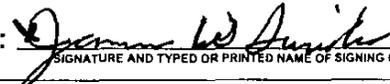
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINDEL, JAMES W 640 ALCAZAR AVE COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES SWINDEL 640 ALCAZAR AVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWINDEL, DEBORAH 640 ALCAZAR AVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWINDEL, D 640 ALCAZAR AVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000704541
04/23/07-80015-009 150.00

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:  **4-10-07** **4321-638-0396**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #