

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90146 033 ***150.00

DOCUMENT # P95000047406

1. Entity Name
GARDENS MASONRY OF THE PALM BEACHES INC.



40051268

Principal Place of Business
**1128 ROYAL PALM BEACH BLVD. #259
ROYAL PALM BEACH, FL 33411**

Mailing Address
**1128 ROYAL PALM BEACH BLVD. #259
ROYAL PALM BEACH, FL 33411**

2. Principal Place of Business - No P.O. Box #
9038 Star Island Way

3. Mailing Address
9038 Star Island Way



02062007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hobe Sound FL

City & State
Hobe Sound FL

4. FEI Number
65-0552778

Applied For
☐ Not Applicable

Zip
33455

Country
USA

Zip
33455

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRARA, JAMES
1128 ROYAL PALM BEACH BLVD. #259
ROYAL PALM BEACH, FL 33411**

Name **Ferrara, James**
Street Address (P.O. Box is Not Acceptable)
9038 Star Island Way
City **Hobe Sound FL** Zip Code **33455**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P FERRARA, JAMES** ☐ Delete
STREET ADDRESS **1128 ROYAL PALM BEACH BLVD. #259**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9038 Star Island Way**
CITY-ST-ZIP **Hobe Sound FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **James Ferrara**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-07 **561-714-3795**
Date Daytime Phone #