## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 06, 2007 08:00 Al Secretary of State DOCUMENT # P95000079054 1. Entity Namo MODERN MASONRY, INC. Principal Placo of Business Mailing Address 260 OLD HARD RD. 260 OLD HARD RD. **ORANGE PARK FL 32003** ORANGE PARK FL 32003 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3338647 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KELLEY, HENRY R Street Address (P.O. Box Number is Not Acceptable) 260 OLD HARD RD. **ORANGE PARK FL 32073** City Zip Code 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DRU HITE Addition Delcte KELLEY, HENRY R NAME NAME 260 OLD HARD RD. STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY - ST - 7IP CITY-ST-ZIP U00000692844<sup>□ Change</sup> □ Addition HILE Defete TESCHEDDORF, BRUCE W NAMI 04/16/07-80016-009 150.00 4022 INGLEWOOD DR. STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY - ST-7IP CITY: ST- 7IP HILL Delete THE ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-S1-7(P CITY-SI-7IP TITLE ☐ Delete ITTLE □ Change Addition NAMI STREET ADDRESS SIFILET ADDRESS CHY-SI-ZIP CITY-ST-7IP Addition ☐ Delete THE ☐ Change NAMI STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-S1-ZIP HILL ☐ Delete Addition NAME NAME STREET ADDRESS SIDEET ADDRESS CITY-ST-7IP CITY S1-ZIE 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 a powered.

NAME OF SIGNING OFFICER OR DIRECTOR