

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027903

Entity Name: TARGET MASONRY, INC.

FILED  
Feb 23, 2009  
Secretary of State

## Current Principal Place of Business:

1945 NW 18TH ST  
BAY A  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

1901 NW 22ND STREET  
POMPANO BEACH, FL 33069

## Current Mailing Address:

1945 NW 18TH ST  
BAY A  
POMPANO BEACH, FL 33069

## New Mailing Address:

1901 NW 22ND STREET  
POMPANO BEACH, FL 33069

FEI Number: 65-0649652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HAVENS, SUSAN  
1945 NW 18TH ST  
POMPANO BEACH, FL 33069 US

## Name and Address of New Registered Agent:

HAVENS, SUSAN  
1901 NW 22ND STREET  
POMPANO BEACH, FL 33069 US

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:

02/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HAVENS, SUSAN  
Address: 1945 NW 18TH ST BAY A  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete  
Name: VALLIERES, SHIRLEY  
Address: 1945 NW 18TH ST BAY A  
City-St-Zip: POMPANO BEACH, FL 33069

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HAVENS, SUSAN  
Address: 1901 NW 22ND STREET  
City-St-Zip: POMPANO BEACH, FL 33069

Title: D (X) Change ( ) Addition  
Name: VALLIERES, SHIRLEY  
Address: 1901 NW 22ND STREET  
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY VALLIERES

VP

02/23/2009

Electronic Signature of Signing Officer or Director

Date