


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # P97000052111
 1. Entity Name
BRICK MASONS INC.



Principal Place of Business Mailing Address
 3330HARLOCK RD 3330HARLOCK RD
 MELBOURNE, FL 32934 MELBOURNE, FL 32934

DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3452529	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
 ADAMS, TOMMY H
 3330 HARLOCK RD
 MELBOURNE, FL 32934

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: *James H. Adams* PRESIDENT 2/27/7
(Signature of principal officer, registered agent, or both, if applicable) (Title, Registered Agent signature required for change) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, TOMMY H 3330 HARLOCK RD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLOSSOM, JOHN 573 TUPELO DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARMER, PATRICK 1107 STEVEN PATRICK AVE INDIAN HARBOUR BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 H. Adams* PRESIDENT 2/27/7 321-254-6184
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone Number