

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000097305

1. Entity Name
MASONRY INFORMATION TECHNOLOGISTS, INC.



Principal Place of Business
**304 KACHUBA COURT
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**304 KACHUBA COURT
ALTAMONTE SPRINGS, FL 32714**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3477625

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GULDE, C JAMES
304 KACHUBA CT
SUITE 107
ALTAMONTE SPRINGS, FL 32701**

**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

C. James Gulde

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000786532
01/17/08-80045-004 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GULDE, C JAMES
304 KACHUBA CT
ALTAMONTE SPRINGS, FL 32701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GULDE, DOROTHY
304 KACHUBA CT
ALTAMONTE SPRINGS, FL 32701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

C. J. Gulde **C J GULDE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1-14-08

Daytime Phone #

**407 834
1976**