

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000057959

1. Entity Name
DESIGN MASONRY, INC.



Principal Place of Business
493 TALLWOOD ST
A 101
MARCO ISLAND, FL 34146

Mailing Address
P O BOX 1554
MARCO ISLAND, FL 34146

DO NOT WRITE IN THIS SPACE

**FILED
Feb 04, 2008 8:00 am
Secretary of State**

02-04-2008 90057 010 ***150.00



01082008 No Chg-P CR2E034 (11/05)

| | |
|----------------------------------|--|
| 4. FEI Number 59-3519528 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

NEWELL, MICHAEL E
493 TALLWOOD ST
A 101
MARCO ISLAND, FL 34145

**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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEWELL, MICHAEL E
STREET ADDRESS 493 TALLWOOD ST.
CITY-ST-ZIP MARCO ISLAND, FL 34145

**DO NOT WRITE
IN THIS SPACE**

TITLE
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08 239.393.4952
Date Daytime Phone #