

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

17 Feb 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 022 ***150.00

DOCUMENT # P98000071884

1. Entity Name
TETTENBURN MASONRY, INC



Principal Place of Business
8676 E HAINES COURT
FLORAL CITY, FL 34436

Mailing Address
PO BOX 1869
INVERNESS, FL 34451



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3523434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANGSTEN, ROGER
P.O. BOX 1869
4318 S FLORIDA AVE LOT 1
INVERNESS, FL 34450

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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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TETTENBURN, LES
STREET ADDRESS	8676 E HAINES CT
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	President
NAME	Keith Tettenburn
STREET ADDRESS	8676 E. Haines Ct.
CITY-ST-ZIP	Floral City FL 34436
TITLE	Secretary
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Les Tettenburn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06

Date

352-400-0039

Daytime Phone #



ATTACHMENT

66 002189

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2006

TETTENBURN MASONRY, INC
PO BOX 1869
INVERNESS, FL 34451

Subject: TETTENBURN MASONRY, INC

Reference Number: P98000071884

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

✓ Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION