

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90026 040 \*\*\*150.00

**DOCUMENT # P98000071884**

1. Entity Name

**TETTENBURN MASONRY, INC**



Principal Place of Business

**8676 E HAINES COURT  
FLORAL CITY, FL 34436**

Mailing Address

**8676 E HAINES COURT  
FLORAL CITY, FL 34436**

**DO NOT WRITE IN THIS SPACE**



02142008 No Chg-P CR2E034 (11/05)

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

**TETTENBURN, KEITH  
8676 E HAINES COURT  
FLORAL CITY, FL 34436**

**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's signature required when renewing)

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	P
NAME	TETTENBURN, LES
STREET ADDRESS	8676 E HAINES CT
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	S
NAME	TEHENBURN, KEITH
STREET ADDRESS	8676 E HAINES CT
CITY-ST-ZIP	FLORAL CITY, FL 34436
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:

*Leslie Tottenburn*  
**Leslie Tottenburn**

Date

**4-26-08 -352-726-0546**

Daytime Phone #