

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM  
Secretary of State

DOCUMENT # P98000079842

1. Entity Name

SHERMAN OWNBEY MASONRY INC.



Principal Place of Business

8625 E. HAMPTON POINT ROAD  
INVERNESS, FL 34450

Mailing Address

8625 E. HAMPTON POINT ROAD  
INVERNESS, FL 34450



01172007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3533349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

OWNBEY, SHERMAN  
8625 E. HAMPTON POINT ROAD  
INVERNESS, FL 34450

**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.

000000606407  
01/30/07-80077-005 150.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 D  
NAME OWNBEY, SHERMAN  
STREET ADDRESS 8625 E. HAMPTON POINT ROAD  
CITY-ST-ZIP INVERNESS, FL 34450

TITLE PVST  
NAME OWNBEY, SHERMAN  
STREET ADDRESS 8625 E. HAMPTON POINT ROAD  
CITY-ST-ZIP INVERNESS, FL 34450

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Sherman Ownbey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERMAN OWNBEY, PRESIDENT 1-18-07

Date

352 302 5492

Daytime Phone #