

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2008 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**



01212008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3533349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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.

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000925475
02/21/08-80011-005 150.00**

10. OFFICERS AND DIRECTORS

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

2-4-08

352-344-8246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #