


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000010642 1. Entity Name SEMINOLE MASONRY, INC.	
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Principal Place of Business 1726 W BROADWAY ST OVIEDO, FL 32765	Mailing Address 1726 W BROADWAY ST OVIEDO, FL 32765
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3567153	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HODGES, JAMES H 1726 W BROADWAY STREET OVIEDO, FL 32765

**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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HODGES, JAMES H 850 SEMINOLE WOODS BLVD GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HODGES, MAGIE 850 SEMINOLE WOODS BLVD GENEVA, FL 32732
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UD00000820355
02/18/08-80025-012 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #