



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000042862			
1. Entity Name JAY SAMARTINO MASONRY, INC.			
Principal Place of Business 35044 N. TREASURE ISLAND AVE. LEESBURG, FL 34788-9203	Mailing Address 35044 N. TREASURE ISLAND AVE. LEESBURG, FL 34788-9203		
DO NOT WRITE IN THIS SPACE			
		03292007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3582736	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
SAMARTINO, JAY & BARBARA 35044 N TREASURE ISLAND AVE LEESBURG, FL 34788-9203		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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000707116 04/24/07-80061-015 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAMARTINO, JAY 35044 N. TREASURE ISLAND AVE. LEESBURG, FL 347889203		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAMARTINO, BARBARA 35044 N. TREASURE ISLAND AVE. LEESBURG, FL 347889203		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <i>Jay W. Samartino</i>		4-12-07	352-728-5242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #