## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 09, 2008 08:00 A Secretary of State DOCUMENT # P99000050436 1. Entity Name WEST VOLUSIA ACE MASONRY, INC. Principal Place of Business Mailing Address 1783 N. MERRICK DR 1783 N. MERRICK DR DELTONA, FL 32738 DELTONA, FL 32738 CR2E034 (11/05) 01152008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3576934 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DESTIN, JAMES 1783 N. MERRICK DR DELTONA, FL 32738 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 'After May 1, 2008 Fee will be \$550.00 UDDDDDBS7gsa OFFICERS AND DIRECTORS <del>04/2</del>1/08-80004-004 150,00 10. D TITLE DESTIN, JAMES NAME 1783 N. MERRICK DR STREET ADDRESS DELTONA, FL 32738 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS

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:

CITY-ST-ZIP

ISNA PURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7.08

386-804-0028

Daytime Phone #