

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092693

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: LOPEZ BROTHERS MASONRY, INC.

**Current Principal Place of Business:**

454 LORRAINE DRIVE  
FORT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

454 LORRAINE DRIVE  
FORT MYERS, FL 33905

**New Mailing Address:**

FEI Number: 65-0961655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOPEZ, GILDARDO  
454 LORRAINE DR  
FORT MYERS, FL 33905 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOPEZ, GILDARDO  
Address: 454 LORRAINE DR  
City-St-Zip: FORT MYERS, FL 33905

Title: SD ( ) Delete  
Name: LOPEZ, ALFREDO  
Address: 454 LORRAINE DR  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILDARDO LOPEZ

PD

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date