


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # S33309	
1. Entity Name D. LENN MASONRY CONTRACTORS, INC.	

Principal Place of Business 55 S B ST PENSACOLA, FL 32501 US	Mailing Address 2831 PIERCE RD CANTONMENT, FL 32533 US
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02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3057679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LENN, DAVID S. 2831 PIERCE RD. CANTONMENT, FL 32533

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENN, DAVID S. 2831 PIERCE RD. CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENN, CINDY D. 2831 PIERCE RD. CANTONMENT, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000636793 02/26/07-80035-007 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>David Lenn President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2/12/07</u>	Daytime Phone: <u>850.433.7396</u>
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