

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086903

Entity Name: SOLID MASONRY, INC.**Current Principal Place of Business:**10327 JOLYNN CT. WEST
JACKSONVILLE, FL 32225**Current Mailing Address:**10327 JOLYNN CT. WEST
JACKSONVILLE, FL 32225**FEI Number:** 26-3402490**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLEMAN, TIMOTHY L
10327 JOLYNN CT. WEST
JACKSONVILLE, FL 32225 US*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

Officer/Director Detail :Title P
Name COLEMAN, TIMOTHY L
Address 10327 JOLYNN CT. WEST
City-State-Zip: JACKSONVILLE FL 32225Title P
Name COLEMAN, TIMOTHY L
Address 10327 JOLYNN COURT WEST
City-State-Zip: JACKSONVILLE FL 32225Title P
Name COLEMAN, TIMOTHY L
Address 10327 JOLYNN COURT WEST
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Name COLEMAN, TIMOTHY L
Address 10327 JOLYNN COURT WEST
City-State-Zip: JACKSONVILLE FL 32225Title P
Name COLEMAN, TIMOTHY L
Address 10327 JOLYNN COURT WEST
City-State-Zip: JACKSONVILLE FL 32225

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY L COLEMAN**PRESIDENT****04/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date