

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90003 005 ***150.00

DOCUMENT # 219963

1. Entity Name
A. MCBRIDE CONCRETE AND MASONRY, INC.



Principal Place of Business
**6210 44TH ST. N.
 PINELLAS PARK, FL 33781**

Mailing Address
**6210 44TH ST. N.
 PINELLAS PARK, FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302004 Chg-P CR2E034 (10/03)

4. FEI Number
59-0866118

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCBRIDE, GERALD T
 555 5TH AVE NE
 SAINT PETERSBURG, FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	MCBRIDE, GERALD T	
STREET ADDRESS	555 5TH AVE NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCBRIDE, MITCHELL T.	
STREET ADDRESS	14533 KANDI COURT N	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCBRIDE, MARK T.	
STREET ADDRESS	13810 OAK FOREST BLVD,N	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gerald T. McBride
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-04
 Date

Daytime Phone #

Date