


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 453484 1. Entity Name RICH MASONRY CONTRACTORS, INCORPORATED	
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Principal Place of Business 5775 STEWART AVE PORT ORANGE, FL 32127	Mailing Address 6136 HALFMOON DR PORT ORANGE, FL 32127
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1542063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOGES, WILLIAM J.
275 CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RICH, PHILLIP RANDALL 5771 STEWARD AVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RICH, BARBARA 5775 STEWART AVE. PORT ORANGE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RICH, MICHAEL E. 6136 HALF MOON CIR PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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10/28/05-80047-024 150.00

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IN THIS SPACE**

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 the empowered.

SIGNATURE: Michael E. Rich 1-25-05 886-295-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #