


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90307 047 \*\*\*150.00

**DOCUMENT # 492107**  
 1. Entity Name  
**COASTAL MASONRY, INC.**



Principal Place of Business: **4690 SW 83 TERR DAVIE, FL 33328**  
 Mailing Address: **4690 SW 83 TERR DAVIE, FL 33328**

2. Principal Place of Business: **1909 NW 16 STREET**  
 Suite, Apt. #, etc.

3. Mailing Address: **1909 NW 16 ST**  
 Suite, Apt. #, etc.



03092005 Chg-P CR2E034 (10/03)

City & State: **POMPANO BEACH FL**  
 Zip: **33069** Country: **FLORIDA**

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 Zip: **33069** Country: **FLORIDA**

4. FEI Number: **59-1632960**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**JONES, GARY**  
**4690 SW 83 TERR DAVIE, FL 33328**  
*1909 NW 16 ST*  
*POMPANO BEACH, FL 33069*

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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: DS NAME: JONES, LINDA STREET ADDRESS: <del>4690 SW 83 TERR</del> CITY-ST-ZIP: DAVIE, FL 33328	<input type="checkbox"/> Delete
TITLE: PD NAME: JONES, GARY E STREET ADDRESS: 2631 SW 109 AVE CITY-ST-ZIP: DAVIE, FL 00000	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____ NAME: JONES, LINDA STREET ADDRESS: 1909 NW 16 ST CITY-ST-ZIP: POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: JONES, GARY E STREET ADDRESS: 1909 NW 16 ST CITY-ST-ZIP: POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Date: *4/15/05* Daytime Phone #: *954-984-0602*