


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 08:00 AM
Secretary of State

DOCUMENT # G42020
 1. Entity Name
 L. M. T. MASONRY OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address
 7965 COUNTY ROAD 16A 7965 COUNTY ROAD 16A
 SAINT AUGUSTINE, FL 32092 US SAINT AUGUSTINE, FL 32092 US

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2334722 Not Applicable

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

6. Name and Address of Current Registered Agent
 CRAWFORD, DAVID
 7965 COUNTY RD 16A
 SAINT AUGUSTINE, FL 32092

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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 006 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	PD
NAME	CRAWFORD, DAVID
STREET ADDRESS	7965 COUNTY RD 16A
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	STD
NAME	CRAWFORD, KAREN F.
STREET ADDRESS	7965 COUNTY ROAD 16A
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/01/05-80001-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Karen Crawford* Karen Crawford X 5/31/05 X 284-9216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #