


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J20853**  
 1. Entity Name  
**DEPENDABLE MASONRY OF BREVARD, INC.**



Principal Place of Business      Mailing Address  
 130 ENTERPRISE SE      2555 MACDONALD LANE  
 H      MALABAR, FL 32950    US  
 PALM BAY, FL 32909    US

**DO NOT WRITE IN THIS SPACE**



01182004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2695245</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 HARRISON, SUSAN J.  
 2555 MACDONALD LANE  
 MALABAR, FL 32950

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HARRISON, DAVID M. 2555 MACDONALD LANE MALABAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRISON, SUSAN J. 2555 MACDONALD LANE MALABAR, FL
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 02/23/04-80008-024 158.75

**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:** *Susan J. Harrison*      2-18-04    321-917-7779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #