


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90038 012 ***150.00

DOCUMENT # J78453
 1. Entity Name
FLORIDA MASONRY CONTRACTORS, INC.



Principal Place of Business Mailing Address
 % DEWEY E. HESS % DEWEY E. HESS
 3610 N.E. 18TH TERRACE 3610 N.E. 18TH TERRACE
 OCALA FL 34479 OCALA FL 34479

2. Principal Place of Business 3. Mailing Address
 1085 N.E. 56 St. P.O. Box 9027
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Ocala, FL Ocala, FL
 Zip Country Zip Country
 34479 U.S.A. 34479 U.S.A.



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2828882** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HESS, DEWEY E.
3610 N.E. 18TH TERRACE
OCALA FL 34479

7. Name and Address of New Registered Agent
 Name **Dewey E. Hess**
 Street Address (P.O. Box Number is Not Acceptable)
1085 N.E. 56 St.
Ocala
 City **FL** Zip Code **34479**

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 Dewey E. Hess Dewey E. Hess DATE 1-26-05
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESS, DEWEY E. 3610 N.E. 18TH TERRACE OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HESS, TERRI 3610 N.E. 18TH TERRACE OCALA FL	<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 STREET ADDRESS CITY-ST-ZIP	PD HESS, Dewey E. 1085 N.E. 56 St. OCALA, FL 34479	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HESS, Terri 1085 N.E. 56 St. OCALA, FL 34479	<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: Dewey E. Hess Dewey E. Hess DATE 1-26-05 Daytime Phone # 352-732-6703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR