


# 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      Applied For

**59-2828882**       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 Added to Fees

Trust Fund Contribution.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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