

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90006 015 ***150.00

DOCUMENT # K39484

1. Entity Name

BEACH MASONIZING, INC.



Principal Place of Business

% JOHN DELLA PIA
11535 88TH AVE. NORTH
SEMINOLE FL 34642

Mailing Address

PO BOX 8371
SAINT PETERSBURG FL 33738-8371

2. Principal Place of Business

11716 89th Ave N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole FL

City & State

4. FEI Number

59-2916712

Applied For

Not Applicable

Zip

33772

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIA, JOHN DELLA
11716-89TH AVE. NORTH
SEMINOLE FL 33772

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPD ☒ Delete
NAME PIA, JOHN DELLA
STREET ADDRESS 11535 88TH AVE. NORTH
CITY-ST-ZIP SEMINOLE FL

TITLE P ☐ Delete
NAME DELLAPIA, JOHN A.
STREET ADDRESS 11716-89TH AVE. NO.
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

John A Della Pia

17 FEB 04

727395 0023