2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90057 025 ***158.75

DOCUMENT # P00000031740

1. Entity Name
EDMONSONS MASONARY CONTRACTORS, INC.

Principal Place of Business
520 AYER ST.
MOLINO FL 32577

Mailing Address
P.O. BOX 520
MOLINO FL 32577

94009776

MOORE CR2E034 (11/03)

2. Principal Place of Business: 1735 Blanc Ln.
Suite, Apt. #, etc.
City & State: Cantonment, FL
Zip: 32533 Country: Escambia

3. Mailing Address: P.O. BOX 520
Suite, Apt. #, etc.: NA
City & State: Molino, FL
Zip: 32577 Country: Escambia

4. FEI Number 59-3638177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDMONSON, DONALD
520 AYER ST.
MOLINO FL 32577

7. Name and Address of New Registered Agent

Name: Donald E. Edmonson
Street Address (P.O. Box Number is Not Acceptable): 1735 Blanc. Ln.
City: Cantonment FL Zip Code: 32533

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: Donald E. Edmonson - President DATE: 1-27-04
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, 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	D	☐ Delete
NAME	EDMONSON, DONALD	
STREET ADDRESS	P. O. BOX 520	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	S	☐ Delete
NAME	EDMONSON, ANGELLA	
STREET ADDRESS	P.O. BOX 520	
CITY-ST-ZIP	MOLINO FL 32577	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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: Donald E. Edmonson Donald E. Edmonson 1-27-04 850-587-5107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #