

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90073 043 ***150.00

DOCUMENT # P00000031740

1. Entity Name

EDMONSONS MASONARY CONTRACTORS, INC.



Principal Place of Business

**1735 BLANC LN.
CANTONMENT FL 32533**

Mailing Address

**P.O. BOX 520
MOLINO FL 32577**

2. Principal Place of Business

**1735 Blanc Ln.
Suite, Apt. #, etc.
Cantonment, FL
City & State**

3. Mailing Address

**P.O. Box 520
Suite, Apt. #, etc.
molino FL
City & State**



1st MOORE

CR2E034 (10/04)

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
1735 BLANC LN.
CANTONMENT FL 32533**

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, 2005 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		
CITY - ST - ZIP		
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05
Date

850-587-2371
Daytime Phone #