

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90002 004 ***150.00

DOCUMENT # P03000141555

1. Entity Name
ROBERT L. ILE MASONRY, INC.



Principal Place of Business: **7019 SCENIC HILLS BLVD LAKELAND, FL 33810**
 Mailing Address: **7019 SCENIC HILLS BLVD LAKELAND, FL 33810**

24086230



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

09102004 Chg-P CR2E034 (10/03)

4. FEI Number: **57-1193529**
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
**ILE, ROBERT L-
 7019 SCENIC HILLS BLVD
 LAKELAND, FL 33810**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: ILE, ROBERT L STREET ADDRESS: 7019 SCENIC HILLS BLVD CITY-ST-ZIP: LAKELAND, FL 33810	<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
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: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: *Robert L. Ile*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9/15/04** Daytime Phone #: **803-854-3138**



Attachment
24086230

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 10, 2004

ROBERT L. ILE MASONRY, INC.
7019 SCENIC HILLS BLVD
LAKELAND, FL 33810

SUBJECT: ~~ROBERT L. ILE MASONRY, INC.~~
Ref. Number: P03000141555

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 704A00054297

ROBERT L. ILE MASONRY, INC.



7019 Scenic Hills Blvd Lakeland, FL 33810-2672
Phone 863-859-3138

Attachment

24086230
POB000141555

September 3, 2004

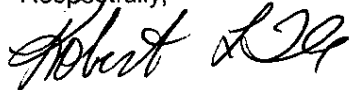
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

This letter is to advise you that we did not receive the first notice for 2004 to renew our Corporate character. We feel as such by attaching this letter to our Annual Report and also attaching a check for \$150.00, the original amount due we should be paid in full. We also ask that you check your records to be sure you have our correct address and other information necessary to insure that our company receives the first notice next year.

We thank you for your prompt and careful consideration in this matter.

Respectfully,



Robert L. Ile, President
Robert L. Ile Masonry, Inc.