


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90048 033 \*\*\*150.00

**DOCUMENT # P04000058394**

1. Entity Name  
**BRICK & STONE RESTORATION, INC.**



Principal Place of Business      Mailing Address  
**471 SW 131 TERRACE**      **471 SW 131 TERRACE**  
**DAVIE, FL 33325**      **DAVIE, FL 33325**

**66026196**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

08032005    Chg-P    CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**04-3789070**      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent

**DUBROW DUKER & ASSOCIATES, P.A.**  
**2832 UNIVERSITY DRIVE**  
**CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name      **JOHN DOLAN**

Street Address (P.O. Box Number is Not Acceptable)

**471 S.W. 131 Ter -**

City      **DAVIE**      FL      Zip Code      **33325**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, JOHN	NAME	
STREET ADDRESS	471 SW 131 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33325	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 or without other like empowered.

SIGNATURE: *John P. Dolan*      8/3/05 (954)3829800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT  
PO 4000058394  
66026194

August 4, 2005

To whom it may concern:

Please find enclosed my annual report and \$150.00 fee. I was not told to file this report. This corporation is new, and there are many things I am ~~not~~ not aware of about running of Corporation.

Please consider this mistake as a part of my learning and waive the late fee.

Thank you!

Sincerely John P. DeLo