


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90307 049 \*\*\*150.00

**DOCUMENT # P97000038716**

1. Entity Name  
 COASTAL MASONRY OF FLORIDA, INC.



Principal Place of Business: 4690 SW 83 TERR. DAVIE, FL 33328  
 Mailing Address: 4690 SW 83 TERR. DAVIE, FL 33328

2. Principal Place of Business: 1909 NW 16 ST. Suite, Apt. #, etc.  
 3. Mailing Address: 1909 NW 16 ST. Suite, Apt. #, etc.

City & State: POMPANO BEACH FL  
 Zip: 33069 Country: BROWARD



04012005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 JONES, GARY  
 4685 SW 83RD TERR  
 DAVIE, FL 33328

4. FEI Number: 65-0754649 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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: \_\_\_\_\_

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: D NAME: JONES, GARY STREET ADDRESS: 4685 SW 83RD TERR CITY-ST-ZIP: DAVIE, FL 33328	<input type="checkbox"/> Delete	TITLE: _____ NAME: JONES, GARY STREET ADDRESS: 1909 NW 16 ST. CITY-ST-ZIP: POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4/15/05 Date  
 954-984-0600 Daytime Phone #