2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000038716 1. Entity Name COASTAL MASONRY OF FLORIDA, INC.				04-20-2005 90307 049 ***150.00
Principal Plac	ce of Business	Mailing Address		
4690 SW 83		4690 SW 83 TERR.		
DAVIE, FL 3	3328	DAVIE, FL 33328		
				I JERUTRUK ING NUTIH KURIH ERHIN BUHN BUHN BEKUL HINGA IRNIA HURUA KINDAU AT KERA
2. Principal P	Place of Business, 9 NW /6 ST.	3. Mailing Address	16 50	
Suite, Apt.		Suite, Apt. #, etc.		04012005 Chg-P CR2E034 (10/03)
Ply & Stat	WO BENCH PL	POHPANO BENCH	, fe	4. FEI Number Applied For 65-0754649 Not Applied For
^{Zio} 330	Scountry Sean ARD	33069	Country Roer AFD	5. Certificate of Status Desired See Required Fee Required
	 6. Name and Address of Current I 	Registered Agent	-	7. Name and Address of New Registered Agent
JONES, G	ADV		Name	
4685 SW 83RD TERR Street Address (P.O. Box Number is Not Acceptable) DAVIE, FL 33328				
			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 reinstatung) DATE				
- 19 C				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D CARY	☐ Delete	TITLE	JONES GART PChange Addition
NAME STREET ADDRESS	JONES, GARY 4 685 SW 83R D TERR		NAME STREET ADDRESS	1909 NW 16 5T.
CITY-ST-ZIP	DAWIE, FL 33328		CITY-ST-ZIP	1909 NW 16 ST. POMPANO BUNCH FL. 33.69
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12. I hereby of	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:

954-984-06 ve

Daytime Phone #