


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 315966</b> 1. Entity Name LOVING MASONARY CONTRACTORS INC	
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Principal Place of Business 1709 E YUKON STREET TAMPA, FL 33604-2066	Mailing Address 1709 E YUKON STREET TAMPA, FL 33604-2066
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U00000372036  
07/11/05-80015-021 550.00



07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1163525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LOVING, J. R. 3023 ST. CHARLES DRIVE TAMPA, FL 33618
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**DO NOT WRITE  
IN THIS SPACE**

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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVING, J T RT. 1, BOX 41 B LURAY, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOVING, J R 3023 ST CHARLES DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVING, LUCILLE RT. 1, BOX 41 B LURAY, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOVING, PATRICIA 3023 ST. CHARLES DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOVING, STEVE R. 16007 N LAKE VILLAGE DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOVING, CRAIG A 6220 W THONOTOSASSA RD PLANT CITY, FL

**DO NOT WRITE  
IN THIS SPACE**

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: Julian R Loving President 7-6-05 1813-935-9141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #