2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005
Secretary of State

DOCUMENT# 366952

Entity Name: PRIDE MASONERY CONSTRUCTION INC

Current Principal Place of Business:

105 CAPE DRIVE
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

105 CAPE DRIVE
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-1296100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOE YOUNG
315 HOLLYWOOD BLVD
SUITE 4
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

THE INSURANCE CENTER OF NW FLORIDA INC
315 E HOLLYWOOD BLVD
SUITE 4A
MARY ESTHER, FL 32569 US

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.

SIGNATURE: RICHARD F. WHITE 07/26/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: CASON, RUBY
Address: 126 HOLLYWOOD BLVD SE
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: P ( ) Delete
Name: CASON, FREDDIE L III
Address: 105 CAPE DRIVE
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: S/T ( ) Delete
Name: CASON, CONNIE D
Address: 105 CAPE DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE D. CASON S/T 07/26/2005
Electronic Signature of Signing Officer or Director Date