

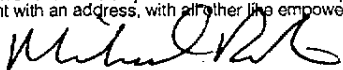


FILED
Jan 28, 2005 10:00 AM
Secretary of State

DOCUMENT # 453484			
1. Entity Name RICH MASONRY CONTRACTORS, INCORPORATED			
Principal Place of Business 5775 STEWART AVE PORT ORANGE, FL 32127		Mailing Address 6136 HALFMOON DR PORT ORANGE, FL 32127	
DO NOT WRITE IN THIS SPACE			
		01192005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1542063	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VOGES, WILLIAM J. 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICH, PHILLIP RANDALL 5771 STEWART AVE PORT ORANGE, FL 32127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICH, BARBARA 5775 STEWART AVE. PORT ORANGE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICH, MICHAEL E. 6136 HALF MOON CIR PORT ORANGE, FL 32127		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 all other like empowered.			
SIGNATURE: 		1-25-05 386-295-4120	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	