2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Process Tiss of Business 19630 50TH WWY NORTH CLEMMARK, R. 39760 US 2. Principal Place of Business 3. Amel Salar, April 1, 6c. 3. Mailing Address 3. Amel Salar, April 1, 6c. 3. Mailing Address 3. Amel Salar, April 1, 6c. 3. Mailing Address 3. Amel Salar, April 1, 6c. 3. Mailing Address 3. Amel Salar, April 1, 6c. 3. Mailing Address 3. Amel Salar, April 1, 6c. 3. Mailing Address 3. Amel Salar, April 1, 6c. 3. Mailing Address 3. Amel Salar, April 1, 6c. 3. Mailing Address 3. Amel 3. Fill Number 101/200 City 5 State 4. Fill Number 5. Controller 5. Controller 5. Mailing Address of Numer Inspirational Agent 7. Name and Address of New Registered Agent 7. Name and Address of New R	DOCUMENT # 517227 1. Entity Name COCOA MASONRY OF PINELLAS COUNTY, INC.									ED			
1.3630 SORTH WAY MORTH CLEARWATER, FL. 33760 US SECURE TAXL DETAIL AREASSEL, FLORIDA SECURE TAXL OF STATE TALL LAREASSEL, FLORIDA SURE, Apt. F. oc. Sure, Apt. F. oc. Sure, Apt. F. oc. Cry & State Country Count	Principal Place	of Business	 -	M	ailing Address			-					
Sulle, April , sicc.	13630 50TH WAY NORTH 1				13630 50TH WAY NORTH				1				
Sulle, April , sicc.	2. Principal PI	ace of Busin	ess	3.	Mailing Address								
City & State City & State City & State City & State S. F. F. Number S. F. September S. F.	<u>8</u>	ame_			SAME			100 3 0	II]IBiI LABIO IZAIO ILDIA ICAL	BIBII BIBU BI]EI 414 11 413 11 816 111		
S9-1696351 So Applicable S8-75 Addition S8-75 Add	Suite, Apt.	#, etc.			Suite, Apt. #, etc.			12012004	Chg-P	CR2EC	134 (10/03)		
S. Cel·flictice of Status Besided Fee Required	City & State	9			City & State			L.			· · ·		
PAUL, JAMES T. Signature, spece a prime and address of New Registered Agent PAUL, JAMES T. Signature, spece a prime have diregistered agent. More Signature, spece agent and the 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Note	Zip		Country		Zip	Cour	itry	5. Certificate o					
Score Address (P.O., Box Number is Not Acceptable) City FL Zip Code City Fl Zip		6. `Name	and Address of Current	t Regis	stered Agent]	7. Name and	d Address of New R	egistered	<u>_</u>			
Sized Address (P.O. Box Number is Not Acceptable) City FL Zip Code Added to Fees and Differencing City Sity Added to Fees and Differencing City Sity Added to Fees City Sity C	54111 141	.					Name		 ,				
City			D				Street Addre	ss (P.O. Box Numb	er is Not Acceptable	*)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rocida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Change Change Addition							/363	0 504	way	NO			
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 Final F									<u> </u>		7:01		
SIGNATURE: Charge Charge							City			FL	Zip Code		
Amended AR is \$61.25 9. Election Campaign Financing S5.00 May Be Added to Fees Added													
Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD													
TITLE NAME PAUL, JAMES T. SIREET ADDRESS CITY-ST-ZIP TITLE S STREET ADDRESS CITY-ST-ZIP TITLE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE S STREET ADDRESS STREET	Am	ended Al	R is \$61.25			· -							
NAME SIREET ADDRESS CITY-ST-ZP CLEARWATER, FL TITLE S RUSSELL, JAMES D. SIREET ADDRESS CITY-ST-ZP CLEARWATER, FL TITLE VT SIREET ADDRESS CITY-ST-ZP TITLE S SIREET ADDRESS CITY-ST-ZP TITLE S SIREET ADDRESS CITY-ST-ZP TITLE VT SIREET ADDRESS CITY-ST-ZP TITLE S CITY-ST-ZP TITLE VT SIREET ADDRESS CITY-ST-ZP TITLE S CI	10.	10. OFFICERS AND DIRE				11.		ADDITIONS	/CHANGES TO OFF	ICERS ANI	DIRECTORS	IN 11	
STREET ADDRESS CITY-ST-ZP CLEARWATER, FL CITY-ST-ZP CLEARWATER, FL STREET ADDRESS CITY-ST-ZP STREET		1	MEGT		☐ Delete						☐ Change	Addition	
TITLE S RUSSELL, JAMES D. SIREET ADDRESS 13630 50TH WAY N SIREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 SIREET ADDRESS CITY-ST-ZIP SIREET ADDRE		i '											
RUSSELL, JAMES D. 13630 50TH WAY N CITY-ST-ZP CLEARWATER, FL TITLE MAME PAUL, JASON A 13630 50TH WAY N CITY-ST-ZP PAUL, JASON A 13630 50TH WAY N CITY-ST-ZP TITLE NAME PAUL, JASON A 13630 50TH WAY N CITY-ST-ZP CLEARWATER, FL 33760 CITY-ST-ZP CHange Addition NAME SIREET ADDRESS CITY-ST-ZP CITY-ST-ZP CHANGE CITY-ST-ZP CHANGE CITY-ST-ZP CHANGE Addition NAME SIREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CHANGE CITY-ST-ZP CHANGE CHANGE Addition NAME SIREET ADDRESS CITY-ST-ZP CITY-ST-ZP CHANGE CHANGE CHANGE Addition NAME SIREET ADDRESS CITY-ST-ZP CITY-ST-ZP CHANGE CHANGE CHANGE CHANGE CHANGE Addition NAME SIREET ADDRESS CITY-ST-ZP CITY-ST-ZP CHANGE CHAN	CITY-ST-ZIP	CLEARW	ATER, FL		CIT	Y-ST-ZIP							
STREET ADDRESS CITY-ST-ZPP CLEARWATER, FL TITLE VT PAUL, JASON A STREET ADDRESS CITY-ST-ZPP CLEARWATER, FL 33760 TITLE S CROFT, MICHEAL L STREET ADDRESS CITY-ST-ZPP CLEARWATER, FL 33760 TITLE S CROFT, MICHEAL L STREET ADDRESS CITY-ST-ZPP CLEARWATER, FL 33760 TITLE S CITY-ST-ZPP CLEARWATER, FL 33760 TITLE NAME STREET ADDRESS CITY-ST-ZPP T				Delete		1				☐ Change	☐ Addition		
TITLE VT Delete TITLE NAME PAUL. JASON A STREET ADDRESS 13630 50TH WAY N CLEARWATER, FL 33760 CITY-ST-ZIP CLEARWATER, FL 33760 CITY-		l	•			1		Fil	ากกสจจ	1 00	om e		
TITLE VT Delete TITLE NAME PAUL. JASON A STREET ADDRESS 13630 50TH WAY N CLEARWATER, FL 33760 CITY-ST-ZIP CLEARWATER, FL 33760 CITY-	1	{						12/06	/0401066-	004	**61.25	-	
STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP TITLE SCORPT, MICHEAL L STREET ADDRESS CRY-ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP CLEARWATER, FL 33760 CLEARWATER, FL 33760 CITY-ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP	TITLE						_ 1	•				Addition	
CITY-S1-ZIP CIEARWATER, FL 33760 CITY-S1-ZIP ITILE NAME STREET ADDRESS CITY-S1-ZIP CLEARWATER, FL 33760 CITY-S1-ZIP CHange Addition NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CHANGE CHANGE Addition Change Addition NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CHANGE CHANGE Addition CHANGE Addition CHANGE Addition CHANGE Addition CHANGE CHANGE Addition CHANGE CHANGE Addition CHANGE CHANGE Addition CHANGE Addition CHANGE CHANGE Addition CHANGE Addition CHANGE Addition CHANGE CHANGE CHANGE CHANGE Addition CHANGE CHANGE CHANGE Addition CHANGE CHANGE CHANGE CHANGE Addition CHANGE CHANGE Addition CHANGE CHANGE CHANGE Addition CHANGE CHANGE CHANGE CHANGE Addition CHANGE CHANGE CHANGE Addition CHANGE CHANGE CHANGE Addition CHANGE		,					i	•			'		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CIT		ł.										İ	
STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:	TITLE	s			☐ Delete	TITI	LE				Change	☐ Addition	
CITY-ST-ZIP CLEARWATER, FL 33760 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 1 19.07(3)(i), Florida Statutes. I further certify that I have 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: **TITLE** **TITLE** **ITTLE**		1				1		4.0	$I \sim$	_			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: **THE ADDRESS CITY-ST-ZIP** Change Addition Addit								MI.	//1 ' //	7		Ì	
STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:	TITLE		<u> </u>		☐ Delete	TIT	LE	/W	17/	+	☐ Change	Addition	
CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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						ľ	4/1	/ 10.				
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 as address, with all other like empowered. SIGNATURE: 1. ADDRESS CITY-ST-ZIP DIRECTION						1	0	\bigcup]		
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: 17-30-04 737-573-3717	TITLE	 			☐ Delete	TIT	LE				☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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	NAME											İ	
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	ł .						I						
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 or powered. SIGNATURE: 1/-30-04 787-573-3717		certify that th	e information supplied w	ith this	filing does not qualify for			in Section 119.07/3	Yi). Florida Statutes	I further ce	ertify that the in	oformation	
SIGNATURE:	indicatéd	on this repo	ort or supplemental report	is true	and accurate and that	my signa	ature shall have	the same legal effe	ect as if made under	oath; that I	am an officer	or director	
	SIGNAT	TURE:	Lane	رٰ سے	Y Jan	u			11-30-04	<i>787</i>	<u>-573-</u> 2	32/7	