

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 517227

1. Entity Name

COCOA MASONRY OF PINELLAS COUNTY, INC.



FILED

04 DEC -6 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
13630 50TH WAY NORTH
CLEARWATER, FL 33760 US

Mailing Address
13630 50TH WAY NORTH
CLEARWATER, FL 33760 US

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12012004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1696351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAUL, JAMES T.
5065 ULMERTON RD.
CLEARWATER, FL 34620

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13630 50th Way No

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 reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAUL, JAMES T.
STREET ADDRESS 13630 50TH WAY N
CITY-ST-ZIP CLEARWATER, FL ☐ Delete

TITLE S
NAME RUSSELL, JAMES D.
STREET ADDRESS 13630 50TH WAY N
CITY-ST-ZIP CLEARWATER, FL ☒ Delete

TITLE VT
NAME PAUL, JASON A
STREET ADDRESS 13630 50TH WAY N
CITY-ST-ZIP CLEARWATER, FL 33760 ☐ Delete

TITLE S
NAME CROFT, MICHEAL L
STREET ADDRESS 13630 50TH WAY NORTH
CITY-ST-ZIP CLEARWATER, FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600043219356
12/06/04--01066--004 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-04

Date

727-573-3217

Daytime Phone #