## ANNUAL REPORT

## Mar 28, 2005 8:00 am Secretary of State **DOCUMENT # 527510** WEBER & TUCKER MASONRY, INC. 03-28-2005 90054 021 \*\*\*150 00 Principal Place of Business Mailing Address 2754 MICHIGAN 2754 MICHIGAN UNIT #1 UNIT #1 KISSIMMEE, FL 34744 US KISSIMMEE, FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 59-1727513 Not Applicable Ζìρ Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent\_ 7. Name and Address of New Registered Agent \_\_\_\_\_ WEBER, RICHARD DEAN Street Address (P.O. Box Number is Not Acceptable) 2754 MICHIGAN, UNIT #1 KISSIMMEE, FL 34744 City 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 SIGNATURE. Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VD TITLE ☐ Delete TITLE ☐ Change Addition WEBER, RANDY DALE NAME NAME STREET ADDRESS 13313 FLACON POINTE STREET ADDRESS CITY-ST-ZIE ORLANDO, FL CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition WEBER, JANET A. NAME STREET ADDRESS 6531 METZ RD. STREET ADDRESS CITY-ST-ZIP GROVELAND, FL CITY-ST-ZIP VD Change \_\_ \_ Addition TITLE ☐ Delete TITLE V.D. \_\_\_\_\_ NAME WEBER, RUDY D NAME WEBER, RUDY D STREET ADDRESS 17630 JEFFERSON STREET STREET ADDRESS 6410 Metz RD. WINTER GARDEN, FL CITY-ST-78P CITY-ST-7IP 34736 Groveland, Fl. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WEBER, RICHARD DEAN NAME NAME STREET ADDRESS 2715 PERSHING AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP TILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 feceiver 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 withhan address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Janet A. Weber, Sec.-Treas. 3/24/05

**FILED**