

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 622061

FILED
Jul 07, 2005
Secretary of State

Entity Name: JOE BUCCA MASONRY, INC.

Current Principal Place of Business:

3923 LAKE WORTH ROAD
209
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

P O BOX 540776
LAKE WORTH, FL 334540776

New Mailing Address:

FEI Number: 59-1907280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCCA, JOSEPH S.
2717 S. COUNTRY CLUB DR
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

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:

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: BUCCA, HELENE R.
Address: 2717 S. COUNTRY CLUB DR
City-St-Zip: AVON PARK, FL 33825

Title: PTS () Delete
Name: BUCCA, ROBERT S.,
Address: 9199 BRANDY LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: BUCCA, HELENE R.
Address: 2717 S. COUNTRY CLUB DR
City-St-Zip: AVON PARK, FL 33825

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

Title: CFO () Change (X) Addition
Name: ROBERT, BUCCA S
Address: 9199 BRANDY LANE
City-St-Zip: LAKE WORTH, FL 33467

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: ROBERT S. BUCCA

PTS

07/07/2005

Electronic Signature of Signing Officer or Director

Date