2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# 679557

Entity Name: ALVIN SOMMERS MASONRY, INC.

Current Principal Place of Business:

2664 MAPLELOFT LANE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

2664 MAPLELOFT LANE
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 59-2005311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDSMITH, STANLEY A
1605 MAIN ST
STE 1001
SARASOTA, FL 34236 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: SOMMERS, ALVIN,
Address: 2664 MAPLELOFT LANE
City-St-Zip: SARASOTA, FL

Title: STD ( ) Delete
Name: SOMMERS, ERMA,
Address: 2664 MAPLELOFT LANE
City-St-Zip: SARASOTA, FL

Title: VPD ( ) Delete
Name: SOMMERS, VERNON,
Address: 2031 PALM VIEW RD
City-St-Zip: SARASOTA, FL 34240

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change ( ) Addition
Name: SOMMERS, VERNON,
Address: 7150 RUSTIC ACRES DR.
City-St-Zip: SARASOTA, FL 34241

Title: VPD ( ) Change (X) Addition
Name: MILLER, DAVID,
Address: 7682 SWEET BAY CIR., MAGNOLIA CROSSINGS
City-St-Zip: BRADENTON, FL 34203

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: ERMA SOMMERS STD 04/30/2004

Electronic Signature of Signing Officer or Director — Date