2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #853835

1. Entity Name MASONRY ARTS, INC.

Principal Place of Business

2105 THIRD AVE N P.O. BOX 1350 BESSEMER, AL 35021-8350 Mailing Address

2105 THIRD AVE N P.O. BOX 1350

BESSEMER, AL 35021-8350

FILED Apr 18, 2005 08:00 AM Secretary of State



04122005

No Chg-P

CR2E034 (10/03)

4. FEI Number 63-0779005 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

1 2 100 0000			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and				e required when renstating)	CATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financ Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SWINDAL,ROY V. 103 MOUNTAIN BROOK PARK DRIVE BIRMINGHAM, AL 35213	<u>:</u>			— 8900003)16(9 84/18/05-80052-012 15 0.0 0 [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, THERESA N 906 4TH COURT PLEASANT GROVE, AL 35127				
ntle - Name Street Address City-St-Zip	D SWINDAL, JOHN E 1340 BRANCHWATER LANE BIRMINGHAM, AL 35216 D SWINDAL, VIRGINIA K 1340 BRANCHWATER LANE BIRMINGHAM, AL 35216		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYS, KENNETH E 1029 COUNTY RD, 198 DANVILLE, AL 35619				
TITLE NAME STREET ADDRESS					

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

AGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. N. Williams Secretary

04/12/05 Date

(205) 428=0780 Daytime Phone #