


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90139 045 ***150.00

DOCUMENT # F01000003126 1. Entity Name MCDONALD & SONS MASONRY, INC.																													
Principal Place of Business 5889 AIRPORT ROAD, SUITE #1305 PORT ORANGE, FL 32119			Mailing Address 2324 CHEEK SPARGER BEDFORD, TX 76021																										
2. Principal Place of Business Suite, Apt. #, etc. 4680 Colony Rd City & State New Smyrna Beach, FL Zip 32168			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA																										
4. FEI Number 75-2824471			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent MCDONALD, MITCHELL 5889 AIRPORT ROAD, SUITE #1305 PORT ORANGE, FL 32124			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4680 Colony Rd New Smyrna Beach 32168 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: <u><i>Mitchell McDonald</i></u> Mitchell McDonald <u>4-6-05</u> <small>(NOTE: Registered Agent signature required when registering.)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">PRES</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCDONALD, MITCHELL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5889 AIRPORT ROAD, SUITE #1305</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ORANGE, FL 32124</td> <td></td> </tr> </table>			TITLE	PRES	<input type="checkbox"/> Delete	NAME	MCDONALD, MITCHELL		STREET ADDRESS	5889 AIRPORT ROAD, SUITE #1305		CITY-ST-ZIP	PORT ORANGE, FL 32124		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">President</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>McDonald, Mitchell</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4680 Colony Rd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>New Smyrna Beach, FL 32168</td> <td></td> </tr> </table>			TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	McDonald, Mitchell		STREET ADDRESS	4680 Colony Rd		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
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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: <u><i>Mitchell McDonald</i></u> Mitchell McDonald <u>4-6-05</u> <u>(817) 267-9229</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													