

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90214 044 ***150.00

DOCUMENT # F01000003650

1. Entity Name
SOUTHERN MASONRY COMPANY



Principal Place of Business 1255 LYNNFIELD RD SUITE 137 MEMPHIS, TN 38119	Mailing Address 1255 LYNNFIELD RD SUITE 137 MEMPHIS, TN 38119
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44044357



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0947045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT / CEO STOREY, CHRIS 415 S FORREST HILL IRENE RD CORDOVA, TN 38018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOREY, DAN 35 FORREST HILL IRENE RD CORDOVA, TN 38018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOREY, ALLEN 3937 LOCKEMEADE LAKELAND, TN 38002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOREY, SANDRA 35 FORREST HILL IRENE RD CORDOVA, TN 38018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Chris Storey, CEO / 12/04 901 681 9129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: #