

**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**

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 ☐ **\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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 **CT / CEO**
NAME **STOREY, CHRIS**
STREET ADDRESS **415 S FORREST HILL IRENE RD**
CITY-ST-ZIP **CORDOVA, TN 38018**

TITLE **P**
NAME **STOREY, DAN**
STREET ADDRESS **35 FORREST HILL IRENE RD**
CITY-ST-ZIP **CORDOVA, TN 38018**

TITLE **V**
NAME **STOREY, ALLEN**
STREET ADDRESS **3937 LOCKEMEADE**
CITY-ST-ZIP **LAKELAND, TN 38002**

TITLE **S**
NAME **STOREY, SANDRA**
STREET ADDRESS **35 FORREST HILL IRENE RD**
CITY-ST-ZIP **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

Chris Storey, CEO 1/2/04 901 681 9129