## 2004-FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # F22139					~~	01 0000	y or state
	1. Entity Name RON SAULNIER MASONRY, INC.						
			100				
Principal Plac	e of Business	Mailing Address	<u> </u>	<del>1</del>	•		
195 PEACH TREE DR 195 PEACH TREE DR SPRING HILL, FL 34608							
							T FEFFE ALDER BLOCKER II TRAL
			01302004	No Chg-P	CR2E03	34 (10/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb			Applied For
				59-208	34877		Not Applicable  \$8.75 Additional
				5. Certificate	of Status Desired		Fee Required
	6. Name and Address of Current Re	gistered Agent	1				. , ,
SAULNIER, RON 195- PEACHTREE DRIVE SPRING HILL, FL 34608			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 Plorida. I am familiar with, and accept							
the obligations of registered agent.							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent are quired when re						DATE	: tt.
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees	U000   02/23/0	1000615	53 53 100 100 60
10.	OFFICERS AND D	RECTORS			i nevenin	מוותם באי	15-022 150.M
TITLE NAME	PD SAULNIER, RON						
STREET ADDRESS	195 PEACH TREE DRIVE						
TITLE	SPRINGHILL, FL VP	<u> </u>	-				
NAME	SAULNIER, GAIL						
STREET ADDRESS CITY-ST-ZIP	100,000						
TITLE	•						
STREET ADDRESS				D0	NIOT W	OITE	-
CITY-ST-ZIP				DO NOT WRITE			
NAME				IN	THIS SF	ACE	•
STREET ADDRESS CITY-ST-ZIP			İ				
MLE		······································	1				
NAME STREET ADDRESS							
CITY-ST-ZIP	;		1				
TITLE NAME							
STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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 of 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 under an address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04 (352)683-023