


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 09, 2005 8:00 am
Secretary of State

08-16-2005 90039 008 ***150.00

DOCUMENT # G25723	
1. Entity Name QUALITY STONE AND MASONRY, INC.	

Principal Place of Business 6103 LINNEAL BEACH DRIVE APOPKA FL 32703-1938 US	Mailing Address 6103 LINNEAL BEACH DRIVE APOPKA FL 32703-1938 US
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2. Principal Place of Business 9417 Myrtle Creek Ln. Suite, Apt. #, etc. #606 City & State Orlando, FL Zip 32832 Country Orange	3. Mailing Address 9417 Myrtle Creek Ln. Suite, Apt. #, etc. #606 City & State Orlando, FL Zip 32832 Country Orange
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2nd MOORE CR2E034 (5/05)

4. FEI Number 59-2277871	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 JAMESON, GEORGE 6103 LINNEAL BEACH DRIVE APOPKA FL 32703
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 obligation of registered agent.

SIGNATURE: George E. Jameson (NOTE: Registered Agent signature required when reappointing) DATE: 8-8-05

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMESON, GEORGE E 6103 LINNEAL BEACH DRIVE APOPKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: George E. Jameson **8-8-05** **407 256-0204**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #