

2004 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-04-2004 90013 019 ***150.00

DOCUMENT # G95298



1. Entity Name
RIVENBARK MASONRY COMPANY, INC.

Principal Place of Business
**2878 MAHAN DRIVE
 TALLAHASSEE, FL 32308 US**

Mailing Address
**2878 MAHAN DRIVE
 TALLAHASSEE, FL 32308 US**



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2399166** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RIVENBARK, NORMAN G.
 2878 MAHAN DRIVE
 TALLAHASSEE, FL 32308**

**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]* (NOTE: Registered Agent signature required when reinstating) DATE: **2-29-04**

**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	PD RIVENBARK, NORMAN G. 2878 MAHAN DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PD RIVENBARK, JEFFREY L. 1949 HARRIET DR. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-25**

Daytime Phone #