

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90047 007 \*\*\*150.00

|   |   |         |   |   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
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| <b>DOCUMENT # H39649</b><br>1. Entity Name<br><b>PRATT MASONRY CONSTRUCTION, CO.</b>  |   |         |   |   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
| Principal Place of Business<br><b>3060-8TH AVE., S.W.</b><br><b>LARGO, FL 33770 US</b>  |   |         | Mailing Address<br><b>3060-8TH AVE., S.W.</b><br><b>LARGO, FL 33770 US</b>  |   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
| City & State  |   |         | City & State  |   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
| Zip   |   | Country |   | Zip   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
| Country   |   | Country |   | 4. FEI Number<br><b>59-2501630</b>  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |         |   | <b>\$8.75 Additional Fee Required</b>   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
| 6. Name and Address of Current Registered Agent<br><b>PRATT, DUANE P.</b><br><b>3060-8TH AVE., S.W.</b><br><b>LARGO, FL 33770</b>   |   |         |   | 7. Name and Address of New Registered Agent<br>Name<br><b>Duane P. Pratt</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3060 8th Avenue SW</b><br>City<br><b>Largo</b> FL <b>33770</b> |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
| 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.<br>SIGNATURE <i>Duane Pratt</i> DATE <b>1/25/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |         |   |   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   |         | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PVST</b><br/> <b>PRATT, DUANE P.</b><br/> <b>3060-8TH AVE., S.W.</b><br/> <b>LARGO, FL 33770</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> </table> |   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PVST</b><br><b>PRATT, DUANE P.</b><br><b>3060-8TH AVE., S.W.</b><br><b>LARGO, FL 33770</b>   |  | <input type="checkbox"/> Delete |  |  |  | <input type="checkbox"/> Delete |  |  |  | <input type="checkbox"/> Delete |  |  |  | <input type="checkbox"/> Delete |  |  |  | <input type="checkbox"/> Delete |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> </table> |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PVST</b><br><b>PRATT, DUANE P.</b><br><b>3060-8TH AVE., S.W.</b><br><b>LARGO, FL 33770</b> |         |   |   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |         |   |   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
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|   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |         |   |   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
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|   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |         |   |   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |
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|   | <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)(l), 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: <i>Duane Pratt</i> <b>DUANE PRATT</b> <b>1/25/05</b> <b>8132675247</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |         |   |   |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |                                 |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |