2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

all other like empowered

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15, 2005 08:00 AM DOCUMENT # H52256 **Secretary of State** 1. Entity Name WES FRY MASONRY, INC. Principal Place of Business Mailing Address 1432 HOUNDS HOLLOW CT. 1432 HOUNDS HOLLOW CT. **LUTZ FL 33549 LUTZ FL 33549** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 59-2514763 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRY, WESLEY G. Street Address (P.O. Box Number is Not Acceptable) 1432 HOUNDS HOLLOW CT. **LUTZ FL 33549** 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 obligations of registered agent. Signature, typed or printed name of registered organit and title if applicable (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition MLE THE Change ☐ Delete NAME FRY, PEGGY A. NAME STREET ACCIRESS STREET ADDRESS 1432 HOUNDS HOLLOW CT. CITY-ST-7IP TAMPA FL CITY-ST-ZIP TATE F ☐ Change ☐ Addition TITLE Delete U00000263816 03/15/05-80001-017 150.00 FRY, WESLEY G. NAME NAME 1432 HOUNDS HOLLOW CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL City-St-21P Change ☐ Addition ☐ Delete HIEF THEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIE Tible ☐ Change Addition THILE Delete NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete SHIF ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), 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

FILED

Daytime Phone #