2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H56559

1. Entity Name
GEORGE PARKER MASONRY, INC.

Principal Place of Business	Mailing Address
6606 WALLIS RD WEST PALM BEACH, FL 33413 US	6606 WALLIS RD WEST PALM BEACH, FL 33413 US

DO NOT WRITE IN THIS SPACE

04162004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2548026	Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, GEORGE
11380 PROSPERITY FARMS ROAD
STE 112
PALM BEACH GARDENS, FL 33410

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	U00000129443 04/26/04-80078-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	PARKER, GEORGE
STREET ADDRESS	11380 PROSPERITY FARMS ROAD, #112
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

TITLE	
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CITY-ST-ZIP	

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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 Parker_ (George Parker)   4/19/04   561 689-1571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #