

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUN 11 PM 2: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H68162

1. Entity Name  
FERGUSON MASONRY, INC.



Principal Place of Business

8667 150TH COURT N  
PALM BEACH GARDENS, FL 33418

Mailing Address

8667 150TH COURT N  
PALM BEACH GARDENS, FL 33418



06052004

No Chg-P

CR2E034 (10/03)

4. FEI Number  
59-2461482

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

FERGUSON, MICHAEL WADE  
8667 150TH CT NORTH  
PALM BEACH GARDENS, FL 33418

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 \$550.00  
Due by September 8, 2004

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  
DP  
FERGUSON, MICHAEL W  
8667 150TH COURT N  
PALM BEACH GARDENS, FL 33418

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600037949836  
06/15/04-01015-019 \*\*550.00

DO NOT WRITE  
IN THIS SPACE

Vzm  
6/11/04

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:

*Michael Wade Ferguson*

MICHAEL WADE FERGUSON 6/7/04

561-746-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #