


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90035 008 \*\*\*150.00

<b>DOCUMENT # J26870</b>	
1. Entity Name <b>H &amp; L MASONRY, INC.</b>	

Principal Place of Business <b>P.O. BOX 1213 INVERNESS, FL 34451</b>	Mailing Address <b>P.O. BOX 1213 INVERNESS, FL 34451</b>
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2. Principal Place of Business <b>4395 S. OLD FLORAL CITY RD</b> Suite, Apt. #, etc.	3. Mailing Address <b>4395 S. OLD FLORAL CITY RD</b> Suite, Apt. #, etc.
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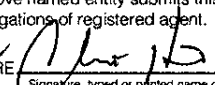
City & State <b>INVERNESS, FL</b>	City & State <b>INVERNESS, FL</b>
Zip <b>34450-7219</b>	Zip <b>34450-7219</b>
Country <b>CITRUS</b>	Country <b>CITRUS</b>

01172004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2721814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

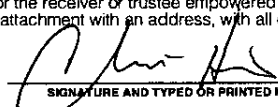
6. Name and Address of Current Registered Agent <b>LYVERS, DONNA L. 2717 HWY 44 W. INVERNESS, FL 34450</b>
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7. Name and Address of New Registered Agent Name <b>CLINT HICKS</b> Street Address (P.O. Box Number is Not Acceptable) <b>4395 S. OLD FLORAL CITY ROAD</b> City <b>INVERNESS</b> FL Zip Code <b>34450</b>
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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 	<b>CLINT HICKS, PRESIDENT 1-29-04</b> DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>C</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HICKS, CLINT</b>		NAME	
STREET ADDRESS <b>4395 S OLD FLORAL CITY RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>INVERNESS, FL 34450</b>		CITY-ST-ZIP	
TITLE <b>VTD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HICKS, DEANDRA</b>		NAME	
STREET ADDRESS <b>4395 S OLD FLORAL CITY RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>INVERNESS, FL 34450</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	<b>CLINT HICKS, PRESIDENT 1-29-04 352-32-0971</b> DATE Daytime Phone #