

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # K08430
1. Entity Name
ZARAJCZYK MASONRY, INC.



Principal Place of Business Mailing Address
% BRUCE A. ZARAJCZYK % BRUCE A. ZARAJCZYK
21 PINE VALLEY CIRCLE 21 PINE VALLEY CIRCLE
ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2519657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARAJCZYK, BRUCE A.
21 PINE VALLEY CIRCLE
ORMOND BEACH, FL 32174

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

U000000346181
04/30/05-80066-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZARAJCZYK, BRUCE A. 21 PINE VALLEY CIRCLE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FPT ZARAJCZYK, DEBORAH L. 21 PINE VALLEY CIRCLE HOLLY HILL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ZARAJCZYK, BRUCE A JR. 21 PINE VALLEY CIRCLE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bruce A. Zarajczyk 4/29/05 (386) 852-287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #