2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K80950

1. Entity Name
LEO'S MASONRY, INCORPORATED

Principal Place of Business	Mailing Address
1474 RAIL HEAD BLVD NAPLES, FL 34110 US	1474 RAIL HEAD BLVD NAPLES, FL 34110 US

DO NOT WRITE IN THIS SPACE

02212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0101030	Not Applicable

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

6. Name and Address of Current Registered Agent

ADRAGNA, LEONARDO
1474 RAIL HEAD BLVD.
NAPLES, FL 34110

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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_____

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000246938 02/28/05-80087-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ADRAGNA, LEONARDO
STREET ADDRESS	1474 RAILHEAD BLVD.
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	SVD
NAME	ADRAGNA, TILDA
STREET ADDRESS	1474 RAIL HEAD BLVD.
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	S
NAME	GERVASI, BEVERLY
STREET ADDRESS	1474 RAIL HEAD BLVD
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	PT
NAME	ADRAGNA, ANDY
STREET ADDRESS	1474 RAIL HEAD BLVD.
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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: *Leonardo Adragna*

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