


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # K96950
 1. Entity Name
MARION MASONRY MATERIALS, INC.



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| Principal Place of Business % DIANNE L. MIMS 3855 N E 35TH ST. OCALA FL 34479 US | Mailing Address % DIANNE L. MIMS 3855 N E 35TH ST. OCALA FL 34479 US |
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| 2. Principal Place of Business Suite, Apt. #, etc | 3. Mailing Address Suite, Apt #, etc. |
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|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 59-2958641 | Applied For Not Applicable |
| Zip | Country | Zip | Country |



MOORE CR2E034 (11/03)

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL 34479 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|---|--|

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

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000015303 01/28/04-80010-003 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP MIMS, RONALD A. 3855 NE 35TH ST. OCALA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Dianne L. Mims*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/23/04 Daytime Phone #: 352-629-9789