2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Prince of Fluce of Business 75 DANNE L MIMS 75 DANNE MIMS 75	DOCUMENT # K96950 1. Entity Name MARION MASONRY MATERIALS, INC.				Jan 27, 2004 08:00 AN Secretary of State	A
Substance Subs	Principal Place	e of Business	Mailing Address			
Suits, Apt. 9, etc. Suits, Apt. 9, etc. Suits, Apt. 9, etc. City & State City & State County Zp County Zp County Sp. 2958641 4, FEI Number Sp. 2958641 No. Appliest for No. No. Appliest for Sp. 2958641 No. Appliest for No. No. Appliest for Sp. 2958641 No. Appliest for No. No. Appliest for Sp. 2958641 No. Appliest for Sp. Appliest for Sp. 2958641 No. Appliest for Sp. 2958641 No	% DIANNE 3855 N E 35 OCALA FL 3	L. MIMS 5TH ST.	% DIANNE L. MIMS 3855 N E 35TH ST. OCALA FL 34479			[]
City & State Country Country Country Country S. Certificate of Status Desired Section Registered Agent S. Certificate of Status Desired Section Registered Agent Registered						
Zip Country 2:p Country 59-2958641	Suite, Apt.	#, etc	Suite, Apt #, etc.		MOORE CR2E034 (11/03)	
S. Celtricare of Status Deserted Fee Required	City & State	e	City & State		EO 2059541	
MIMS, DIANNE L 3855 N.E. 35TH ST. OCALA FL 34479 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	Zip	Country	Z _i p	Country		l .
SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2004 Peep will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS OFFICERS AND DIRECTOR		6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	
3855 N.E. 35TH ST. OCALA FL 34479 City FL Zip Code The above named entity submiss 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 dolligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ITILE DV MMS, DIANNE L. SIRET ADDRESS MIMS, DIANNE L. SIRET ADDRESS OCALA FL OP MMS, SONALD A. SIRET ADDRESS OTV-51-29 OCALA FL OP MMS, RONALD A. SIRET ADDRESS OTV-51-29 OCALA FL OR-51-29 OCALA FL OCALA FL OR-51-29 OCALA FL OR-51-29 OCALA FL OCALA FL OR-51-29 OCALA FL OCALA FL OCALA FL OR-51-29 OCALA FL OC			-	Name		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. If an familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signat	385	5 N.E. 35TH ST.		Street Addre	ess (P.O. Box Number is Not Acceptable)	
SIGNATURE				City	FL Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TN 11 TITLE MAKE MIMS, DIANNE L. SIRET ADDRESS CITY ST-2P TITLE MAKE STREET ADDRESS CITY ST-2P TITLE MAK			for the purpose of changing its re	egistered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and a	ccept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	SIGNATURE.	Signature, typed or printed name of registered age	ent and titla if applicable (NOTE	Registered Agent signature re	guired whon reinstating) DATE	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Afte	r May 1, 2004 Fee will be \$550.0				v Be
MAME STREET ADDRESS CITY-ST-ZIP OCALA FL DP MMS, RONALD A. STREET ADDRESS CITY-ST-ZIP OCALA FL DP MMS, RONALD A. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST			or state		Added to Tel	es
STREET ADDRESS CLIY-ST-ZIP COALA FL CLIY-ST-ZIP COALA FL CLIY-ST-ZIP COALA FL CLIY-ST-ZIP COALA FL CLIY-ST-ZIP CLI	10.	OFFICERS AN	Assessed to the second	11.		es
MAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	TITLE	DV	ID DIRECTORS	ILLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	es 1
STREET ADDRESS CITY -ST-ZIP OCALA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	DV MIMS, DIANNE L. 3855 N.E. 35TH ST.	ID DIRECTORS	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T	es 1
CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL	ID DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Change	1 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL DP MIMS, RONALD A.	ID DIRECTORS	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Change	1 Addition
NAME STREET ADDRESS GITY-ST-ZIP TITLE STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP GITY-ST-ZIP GITY-ST-ZIP GITY-ST-ZIP GITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL DP MIMS, RONALD A. 3855 NE 35TH ST.	ID DIRECTORS	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Change	1 Addition
STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREE I ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL DP MIMS, RONALD A. 3855 NE 35TH ST.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO Change A	1 Addition
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 STREE I ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL DP MIMS, RONALD A. 3855 NE 35TH ST.	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO Change A	1 Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL DP MIMS, RONALD A. 3855 NE 35TH ST.	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO Change A	1 Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL DP MIMS, RONALD A. 3855 NE 35TH ST.	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO Change	1 Addition Addition Addition
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition Change Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL DP MIMS, RONALD A. 3855 NE 35TH ST.	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO Change	1 Addition Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL DP MIMS, RONALD A. 3855 NE 35TH ST.	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO Change	1 Addition Addition
CITY-ST-ZIP 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 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL DP MIMS, RONALD A. 3855 NE 35TH ST.	Delete Delete Delete Delete	TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO Change	Addition Addition Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL DP MIMS, RONALD A. 3855 NE 35TH ST.	Delete Delete Delete Delete	TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO Change	Addition Addition Addition
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DV MIMS, DIANNE L. 3855 N.E. 35TH ST. OCALA FL DP MIMS, RONALD A. 3855 NE 35TH ST.	Delete Delete Delete Delete	TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO Change	Addition Addition Addition

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.

FILED