## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 09, 2005 08:00 AM Secretary of State

DOCUMENT # L21369  1. Entity Name WILLIE'S MASONRY, INC.  Principal Place of Business Mailing Address		Mailing Address		Secretary of State			
4001 BRINE ORLANDO, F	ELL	4001 BRINELL ORLANDO, FL 32808					
C	OO NOT WRITE		CE	01272005 4. FEi Numbe 59-277	No Chg-P	CR2E034 (10/03)  Applied For Not Applicabl  \$8.75 Additional Fee Required	
	5. Name and Address of Current Reg	istered Agent	<u> </u>	<del>=</del>	<u> </u>		
LEWIS, WILLIE FRED 4001 BRINELL ORLANDO, FL 32808			DO NOT WRITE IN THIS SPACE				
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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			ncing _ \$5.	00 May Be		DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR  D LEWIS, WILLIE FRED, SR.  4001 BRINELL ORLANDO, FL	ECTORS			\$ <b>\d</b> **\$2**15**12**12**12**	ວວວຄວ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					12/13/15-	222060 80057-013 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

2-4-2005

Daytime Phone #