2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State
05-19-2004 90013 030 ***150.00

DOCUMENT # L49349

1. Entity Name
EDWARD DILLON MASONRY, INC.

Principal Place of Business	Mailing Address
520 111TH AVE NORTH NAPLES FL 34108 US	520 111TH AVE NORTH NAPLES FL 34108 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0169067 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DILLON, EDWARD
520 111TH AVE NORTH
NAPLES FL 34108

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 ______________________________
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, 2004, Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D DILLON, EDWARD 646 - 93RD AVE., N. NAPLES FL *Change Address*	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*D* *Dillon, Edward* *520 111th Ave. N.* *Naples, Fl. 34108*	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 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: *Edward Dillon Edward Dillon* *1/24/04* *239-566-7909*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment B.

340248 71

445

EDWARD DILLON MASONRY, INC.
520 111TH AVENUE NORTH
NAPLES, FL 34108

63-1468-670

DATE 1/24/04

PAY TO THE ORDER OF Florida Dept. of State $150.00

One hundred + fifty + 00/100 DOLLARS

CITIZENS NATIONAL BANK Naples, Florida

FOR 65-0169067 AR Edward Dillon

⑈000445⑈ ⑆067016886⑆ 108 2734⑈

Sprint.

Attachment

5405487 1
L49349

EDWARD DILLON MASONRY INC.
BUSINESS SENSE DIAL-1

Billing Period Ending: 4/08/04
Customer Number: 169408855

Account Detail

BALANCE FORWARD

Description	*Date*	*Amount*
Previous Balance		$40.88
Payment Received - Thank You	3/23/04	-40.88
BALANCE FORWARD		**$.00**

SPRINT CHARGES

BUSINESS SENSE DIAL-1	*Calls*	*Minutes*	*Amount*
In-State	2	10.0	$2.36
State-to-State	5	20.0	5.90
SUBTOTAL ITEMIZED CALLS	7	30.0	$8.26

OTHER LONG DISTANCE CHARGES	*Amount*
MONTHLY SERVICE FEE	$10.00
TOTAL SPRINT CHARGES	$18.26
CURRENT MONTH SUBTOTAL	$18.26

TAXES/REG. RELATED CHGS.

LOCAL COMM SERVICE TAX	$.41
FL COMMUNICATION SRVC TAX	1.84
CARRIER UNIVERSAL SVC CHG	1.40
PROP TX/REG FEES/USF ADMN	.34
FEDERAL EXCISE TAX	.60
TOTAL TAXES/REG. RELATED CHGS.	$4.59

CURRENT TOTAL	**$22.85**

Itemization of Calls

ORIGINATING NUMBER: 239 566-7909

Nbr	*Date*	*Time*	*	*Called Location*		*Called Nbr*	*Minutes*	*Charges*
1	3/11/04	6:00 PM	E	HOLLIDYSBG	PA	814 695-5571	5.0	$1.47
2	3/24/04	6:03 PM	E	CRESSON	PA	814 886-2534	1.0	.30
3	3/24/04	6:06 PM	E	HOLLIDYSBG	PA	814 695-5571	5.0	1.47
4	3/28/04	5:20 PM	E	PHILA	PA	610 795-6106	1.0	.30
5	3/28/04	6:33 PM	E	PHILA	PA	610 795-6106	8.0	2.36
6	4/06/04	2:06 PM	D	TALLAHASSE	FL	850 488-9000	3.0	.71
7	4/06/04	2:10 PM	D	TALLAHASSE	FL	850 245-6056	7.0	1.65
TOTAL FOR 239 566-7909							**30.0**	**$8.26**

TOTAL ITEMIZATION OF CALLS	**30.0**	**$8.26**

For a description of rate periods, please see terms and conditions.

attachment 54024871

STOP-PAYMENT ORDER

I. STOP-PAYMENT REQUEST

Bank of Florida,N.A. **1185 Immokalee Road** **Naples, FL 34110** INSTITUTION ("We" or "Us")	Request Received ☒ In Person ☐ By Phone ☐ Edward Dillon Stop-Payment Fee $ $25.00	Request Received Date 05/10/2004 Time 11:47 By Garrett M. Anthony	Account Number 1082734 Duplicate Issued ☐ Yes ☒ No	Other: 1082734 Number 478	Date

IMPORTANT!

ITEM DESCRIPTION: Because of the large volume of items we process, we do not visually inspect each item. We use a computer system that allows us different methods of searching an item. **Therefore, the item description(s) you give us must be EXACT or our computer system will not be able to identify the item, and this stop-payment order will not be effective.**

☒ **Search of INDIVIDUAL Item Descriptions**
Our computer system can be adjusted to search for an item by various individual item descriptions. We can search for any one of the item descriptions that are indicated below by a "☒."
Fill in the PRECISE information for the ONE item description for which you want us to search.
☒ If checked, you may choose to have us search for the item using more than one description. If you wish to do so, you must fill in more than one PRECISE item description. We will search alternately for each item description you give us, and you ☐ will ☐ will not be charged an additional stop-payment fee for each additional item description we search for.

- ☐ Amount of the item, exact to the penny $ _____ . _____
- ☒ Amount of the item, exact to the dollar $ 150 . 00
- ☒ Item Number 445
- ☐ Date of the item _____
- ☐ Payable To Florida Department of State
- ☐ _____ _____

☐ **Search of COMBINATIONS of Item Descriptions**
Our computer system searches an item by a combination of item descriptions. We can search for a combination of any of the descriptions that are indicated below by a "☒."
Fill in the PRECISE information for EACH ONE of the item descriptions that you want us to use in the combined search.
EACH item description you give us must be EXACT or our computer system will not be able to identify the item, and your stop-payment order will not be effective.

- ☐ Amount of the item, exact to the penny $ _____ . _____
- ☐ Amount of the item, exact to the dollar $ _____ . _____
- ☐ Item Number _____
- ☐ Date of the item _____
- ☐ Payable To _____
- ☐ _____ _____

Account Name

Edward Dillon Masonry, Inc.
Edward V. Dillon Jr.
520 111th Avenue North
Naples, FL 34108

You and we will abide by the rules and regulations (as established by the Uniform Commercial Code or other law) governing Stop-Payment Orders. To be effective, we must receive the Stop-Payment Order in time to give us a reasonable opportunity to act on it, and before our stop-payment cutoff time, if any. Oral Stop-Payment Orders (including by phone) are binding for 14 CALENDAR DAYS ONLY, unless you confirm the order in writing on the proper form within the 14-day period. Properly signed Stop-Payment Orders are effective for 6 months after the date received and will automatically expire after that period unless renewed in writing.

X Edward Dillon 5/10/04
AUTHORIZED SIGNATURE ("You" or "Your") DATE TIME

II. RELEASE OF STOP-PAYMENT ORDER

RELEASE OF STOP-PAYMENT ORDER

The above Stop-Payment Order is released as of the date shown below.

_____ Date _____
Same Authorized Signature as Appears on Stop Payment

RECORD OF RECEIPT OF RELEASE OF STOP-PAYMENT ORDER

Release of the above Stop-Payment Order received on _____ at _____ M.

_____
Signature of Representative of Financial Institution

attachment 5402487

#L49349

Dear Sirs

On Jan. 25th I mailed my Corporate Annual Report. The first week of March I noticed the check had not cleared my bank, I attributed this to your work load, then on April 6th I found out it still had not cleared. I called your offices and I was informed that the report had been filed but the check must have been lost and that I would be recieving a bill. Another month went by with no bill and the check still did not clear.

I called your offices again on May, 7th. This time I was told that there was no record of the check or the document.

I am enclosing a copy of the document and the original check on which I have now stopped payment, along with a new check. Please rectify this. Thanks.

Edward Dillon