

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # L73718 1. Entity Name SOUTHERN STATE MASONRY, INC.					
Principal Place of Business 4599 10TH AVENUE NORTH 5396 AVOCADO BLVD. LAKE WORTH FL 33463 US			Mailing Address C/O EDWARD R. HOWLEY 5396 AVOCADO BLVD. ROYAL PALM BEACH FL 33411		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0191743	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent POSNER, MICHAEL J ESQ. COONEY, WARD, LESHER & DAMON, P.A. 1555 PALM BEACH LAKES BOULEVARD, STE 1000 WEST PALM BEACH FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD HOWLEY, EDWARD R. 5396 AVOCADO BLVD. ROYAL PALM BCH FL	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000222147 02/09/05-80061-025 150.00
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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)(f), 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

2/4/05

Date

Daytime Phone #