

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # L83741

1. Entity Name
GENERAL MASONRY OF N.W. FLORIDA, INC.



Principal Place of Business Mailing Address
**10 INDUSTRIAL ST, NW
FT. WALTON BEACH, FL 32548 US 10 INDUSTRIAL ST, NW
FT. WALTON BEACH, FL 32548 US**



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3016308 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURIE, JEFF W
17 HOLLY AVENUE
SHALIMAR, FL 32579**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when testating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME **MURIE, JEFF W.**
STREET ADDRESS **17 HOLLY AVE**
CITY-ST-ZIP **SHALIMAR, FL 32579**

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03/23/05-80009-022 150.00

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IN THIS SPACE**

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:

Jeff W. Murie / **JEFF W. MURIE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05
Date

(850) 244-2901
Daytime Phone #