


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M66927 1. Entity Name PAT ROGERS MASONRY, INC.	
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Principal Place of Business 2041 EVERGLADES BLVD NAPLES, FL 34117	Mailing Address 2041 EVERGLADES BLVD NAPLES, FL 34117
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09172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0037851	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WANDERON, THOMAS
868 106TH AVENUE NORTH
NAPLES, FL 34108

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, SAM 2041 EVERGLADES BLVD NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGERS, PATRICK 10946 NW HWY 326 OCALA, FL 34482
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09/29/04-80001-003 150.00

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: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 9-21-04 X 239-352-8397
Date Daytime Phone #