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Secretary of State
03-16-2005 90038 048 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M80736

1. Entity Name
GLADES MASONRY, INC.

Principal Place of Business	Mailing Address
700 NE 2ND STREET BELLE GLADE, FL 33430 US	P.O. BOX 277 BELLE GLADE, FL 33430 US

03102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
280 River Road SE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Moore Haven, FL	City & State
Zip: 33471 Country: Glades	Zip / Country

4. FEI Number: 65-0051063 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, JERRY W.
700 NE 2ND STREET
BELLE GLADE, FL 33430

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 280 River Road SE
City: Moore Haven FL Zip Code: 33471

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] Jerry W. Smith 3/14/05
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, 2005 Fee will be $550.00

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 SMITH, JERRY W. 700 NE 2ND STREET BELLE GLADE, FL 33430 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	280 River Road SE Moore Haven, FL 33471 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] Jerry W. Smith 3/14/05 561-261-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #