

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90448 044 \*\*\*150.00

**DOCUMENT # M82474**

1. Entity Name

**J & B MASON, INC.**



Principal Place of Business

2100 CONSTITUTION BLVD.  
SUITE 2  
SARASOTA FL 34231  
US

Mailing Address

PO BOX 342  
VENICE FL 34284-0342  
US

14010000



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. City & State

City & State

4. FEI Number **65-0058843**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOONE, JEFFREY A.**  
**1001 AVENIDA DEL CIRCO**  
**VENICE FL 34285**

Name **Robert T Klingbeil Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**341 W. Venice Ave.**  
City **VENICE** FL Zip Code **34285**

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 PD ☐ Delete  
NAME MASON, WILLIAM E.  
STREET ADDRESS **1001 AVENIDA DEL CIRCO**  
CITY-ST-ZIP **VENICE FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **341 W. VENICE AVE.**  
CITY-ST-ZIP **VENICE, FL 34285**

TITLE SD ☐ Delete  
NAME MASON, JEAN G.  
STREET ADDRESS **1001 AVENIDA DEL CIRCO**  
CITY-ST-ZIP **VENICE FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **341 W. VENICE AVE.**  
CITY-ST-ZIP **VENICE, FL 34285**

TITLE TD ☐ Delete  
NAME HAWKINS, ALAN  
STREET ADDRESS **1001 AVENIDA DEL CIRCO**  
CITY-ST-ZIP **VENICE FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **341 W. VENICE AVE.**  
CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*W. E. Mason, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

941-356-1121

Daytime Phone #