

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

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**



03062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0058843

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KLING, ROBERT T JR
341 WEST VENICE AVE.
VENICE, FL 34285**

**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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, WILLIAM E. 341 WEST VENICE AVE. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASON, JEAN G. 341 WEST VENICE AVE. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAWKINS, ALAN 341 WEST VENICE AVE. VENICE, FL 34285
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/09/05-80009-025 150.00

**DO NOT WRITE
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:

William E. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05
Date

941-358-2595
Daytime Phone #