2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000005510

1. *Entity Name*
DEAN HELT MASONRY, INC.

Principal Place of Business

193 N. BLISS PT.
INVERNESS, FL 34453

Mailing Address

193 N. BLISS PT.
INVERNESS, FL 34453

DO NOT WRITE IN THIS SPACE

03092004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied Fo
59-3179834	Not Applic

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

6. **Name and Address of Current Registered Agent**

HELT, DEAN
193 N. BLISS PT.
INVERNESS, FL 34453

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 acc* 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 | 9. Election Campaign Financing | **$5.00** May Be |
| After May 1, 2004 Fee will be $550.00 | Trust Fund Contribution. ☐ | Added to Fees |

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HELT, DEAN
STREET ADDRESS	193 N. BLISS PT.
CITY-ST-ZIP	INVERNESS, FL 34453

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 informatio 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 direc 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ DEAN R HELT   X 4/21/05   X 352-344-58

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #