


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000012679 1. Entity Name CUSTOM MASONRY OF OCALA, INC.	
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Principal Place of Business 9615 NE 42ND AVE. ANTHONY, FL 32617	Mailing Address 9615 NE 42ND AVE. ANTHONY, FL 32617
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DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3624716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LUTHER, BETTY 9701 N.E. AVE. ANTHONY, FL 32617	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000211942 02/03/05-80009-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIROS, LAMAR 9615 NE 42ND AVENUE ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUTHER, BETTY 9615 NE 42ND AVENUE ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUIROS, LAMAR 9615 NE 42ND AVENUE ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUIROS, LAMAR 9615 NE 42ND AVENUE ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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: <u>Albert L. Ann Quinn</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	129-05 352-351-1110 Date Daytime Phone #
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