2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 15, 2004 08:00 AM **Secretary of State DOCUMENT # P00000015699** 1. Entity Name TAYLOR MASONARY, INC. Mailing Address Principal Place of Business 5935 A WINIFRED MASTERS RD. 5935 A WINIFRED MASTERS RD. ELKTON, FL 32033 ELKTON, FL 32033 03032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3621654 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent TAYLOR, BRIAN DO NOT WRITE 5935 A WINIFRED MASTERS RD ELKTON, FL 32033 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. (NOTE: Registered Agen) signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE U00000088477 03/15/04-80052-024 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME TAYLOR, BRIAN J STREET ADDRESS 5935 A WINIFRED MASTERS RD C(TY-\$1-2)P ELKTON, FL 32033 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE GRY-ST-ZIP IN THIS SPACE TITLE NEADE STREET ASDRESS COY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 507, 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 ampowered.

TITLE MAME STREET ADDRESS DITY-57-73P TITLE NAME STREET ADDRESS CETY-ST-ZIP

FILED