


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # P00000035568</b><br>1. Entity Name<br>CENTER STATE MASONRY, INC. |  |
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| Principal Place of Business<br>6321 NW 61ST ST.<br>OCALA, FL 34482 | Mailing Address<br>6321 NW 61ST ST.<br>OCALA, FL 34482 |
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**DO NOT WRITE IN THIS SPACE**



03142005 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br>59-3640311   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent  
  
SULTER, RONNIE  
6321 NW 61ST ST.  
OCALA, FL 34482

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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 *Ronnie S. Sultter* DATE 3-21-05  
Signature, typed or printed name of registered agent and due if applicable (NOTE: Registered Agent signature required when reinstating)

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | UN00000279045<br>03/29/05-80004-011 150.00 |
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10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SULTER, RONNIE<br>6321 NW 61ST ST.<br>OCALA, FL 34482 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 employment.

SIGNATURE: *Ronnie Sultter* *Bonnie Sultter* 3-13-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #