


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90046 043 ***150.00

| | | |
|-------------------------------------|--|---|
| DOCUMENT # P00000051018 | |  |
| 1. Entity Name KEY MASONRY, INC. | | |

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|---|---|
| Principal Place of Business 17985 SE 102ND CT SUMMERFIELD, FL 34491 | Mailing Address P.O. BOX 1141 SUMMERFIELD, FL 34492 |
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|---|---|
| 2. Principal Place of Business 139 Georgia Ave. Suite, Apt. #, etc. | 3. Mailing Address P.O. BOX 414 Suite, Apt. #, etc. |
|---|---|

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|------------------------------------|------------------------------------|
| City & State CRYSTAL BEACH, FL. | City & State CRYSTAL BEACH, FL. |
| Zip 34681 | Zip 34681 |
| Country Pinellas | Country Pinellas |



02082005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3640053 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|--|
| 6. Name and Address of Current Registered Agent MURTY, STEPHEN G ESQ 111 SW 8TH ST OCALA, FL 34474 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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 Agent signature required when reinstating) DATE _____

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| 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 |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPS HIMMELMAN, JOHN E 17985 SE 102ND CT SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPS Himmelman, John E. 139 Georgia Ave. CRYSTAL BEACH, FL. 34681 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: John E. Himmelman Director
4/4/05 (352)266-0506
Secretary