## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

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## May 28, 2004 08:00 AM Secretary of State **DOCUMENT # P01000035955** MAGIC MASONRY, INC. Principal Place of Business Mailing Address 11835 DUVAL RD. 11835 DUVAL RD. IACKSONVILLE, FL 32218 IACKSONVILLE, FL 32218 %F,-,,,/1511F& 05262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0400938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLE, FRANK HUR DO NOT WRITE 76 S. LAURA ST., SUITE 1700 JACKSONVILLE, FL 32202 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May 8e In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE REED, ERNEST TUR. NAME STREET ADDRESS 11835 DUVAL RD. CITY-ST-ZIP JACKSONVILLE, FL 32218 U00000161751 05/28/04-80003-004 150.00 TITLE NAME REED, BRENDA H STREET ADDRESS 11835 DUVAL RD. CECY-ST-71P JACKSONVILLE, FL 32218 BILE NAME STREET ADDRESS DO NOT WRITE C3TY - 53 - 732 IN THIS SPACE SSS SET STREET ADDRESS CITY-ST-ZP TITLE

**FILED** 

12. I foreby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florids Statutes. I further certify that the information indicated on this report or suppliermental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, 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: Engla H. Real - Brench H. Real 5-27-04 904-764-4652
SIGNATURE AND TYPED OR PERITED NAME OF SIGNING OFFICER OR DRIECTOR
Distance Prome #