

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # P01000102696

1. Entity Name  
FORBES MASONRY CONSTRUCTION, INC.



Principal Place of Business  
3998 N W 45 AVE  
LAUDERDALE LAKES, FL 33319

Mailing Address  
3998 N W 45 AVE  
LAUDERDALE LAKES, FL 33319



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1148763

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WILLIAMS, ERROL  
3998 N W 45 AVE  
LAUDERDALE LAKES, FL 33319

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. ☐

**\$5.00 May Be**  
**Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WILLIAMS, ERROL  
3998 NW 45 AVE  
LAUDERDALE LAKES, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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UD00000278978  
03/28/05-80050-001 158.75

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:

*Errol Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05 954.677.0225

Date

Daytime Phone #