


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90046 034 ***150.00

DOCUMENT # P01000103126 1. Entity Name ADVANCED MASONRY SPECIALISTS, INC.					
Principal Place of Business 31 W COCONUT DR LAKE WORTH, FL 33467			Mailing Address 31 W COCONUT DR LAKE WORTH, FL 33467		
2. Principal Place of Business 1700 TROWBRIDGE RD Suite, Apt. #, etc.		3. Mailing Address 1700 TROWBRIDGE RD. Suite, Apt. #, etc.			
City & State FT. PIERCE, FL.		City & State FT. PIERCE, FL.		4. FEI Number 26-0002158	
Zip 34945		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEEFELD, JON 31 COCONUT DRIVE LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name SEEFELD, JON Street Address (P.O. Box Number is Not Acceptable) 1700 TROWBRIDGE RD City FT. PIERCE FL Zip Code 34945		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SEEFELD, JON P STREET ADDRESS 31 W. COCONUT DRIVE CITY-ST-ZIP LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE P NAME SEEFELD, JON P STREET ADDRESS 1700 TROWBRIDGE RD CITY-ST-ZIP FT. PIERCE, FL 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME SEEFELD, MARIE STREET ADDRESS 31 W. COCONUT DRIVE CITY-ST-ZIP LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE ST NAME SEEFELD, MARIE STREET ADDRESS 1700 TROWBRIDGE RD CITY-ST-ZIP FT. PIERCE, FL 34945	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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: <u>Jon P. Seefeld</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>JON P. SEEFELD 2-1-05 (772)</u> <small>Daytime Phone # <u>465-8543</u></small>		