

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90033 010 ***150.00

DOCUMENT # P01000122235

1. Entity Name
CUNNINGHAM MASONRY, INC.



Principal Place of Business
2251 HIDDEN WATERS DR. W.
GREEN COVE SPRINGS, FL 32043

Mailing Address
2251 HIDDEN WATERS DR. W.
GREEN COVE SPRINGS, FL 32043

04192004 No Chg-P CR2E034 (10/03)



DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0413431

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, MATTHEW L
2251 HIDDEN WATERS DR. W.
GREEN COVE SPRINGS, FL 32043

**DO NOT WRITE
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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
CUNNINGHAM, MATTHEW L
2251 HIDDEN WATERS DR. W.
GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CUNNINGHAM, KAREN S
2251 HIDDEN WATERS DR. W.
GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Matthew L. Cunningham
MATTHEW L. CUNNINGHAM
PRESIDENT

19 APR 2004

Date

Daytime Phone #