
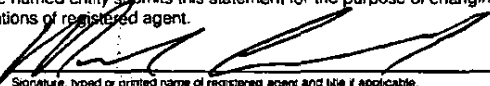
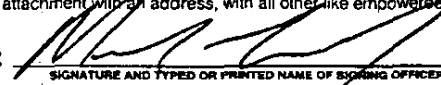


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2004 8:00 am
Secretary of State

08-16-2004 90019 032 ***150.00

DOCUMENT # P01000122371			
1. Entity Name M & S MASONRY CONSTRUCTION, INC.			
Principal Place of Business PO BOX 13164 TALLAHASSEE FL 32317-3164		Mailing Address PO BOX 13164 TALLAHASSEE FL 32317-3164	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 80-0016192		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARNOLD, MARK 2697 BALKWIN DR SOUTH TALLAHASSEE FL 32308		Name Street Address (P.O. Box Number is Not Acceptable) <i>16 Bunting Dr.</i> City <i>Crawfordville</i> FL Zip Code <i>32327</i>	
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 		DATE <i>7/28/04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLINOR, SHANNON 4701 WOODS CREEK RD. PERRY FL 32347 <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	VST ARNOLD, MARK P O BOX 13164 TALLAHASSEE FL 32317-3164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VST</i> <i>Arnold, Mark</i> <i>16 Bunting Dr.</i> <i>Crawfordville, FL 32327</i> <input checked="" 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
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: 		Date <i>8/9/2004</i> Daytime Phone # <i>850-556-1359</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



ATTACHMENT

66432962

P.O. Box 13164
Tallahassee, Florida 32317-3164
Office: 850-926-4638
Fax: 850-926-4683
mandsmasonry@aol.com

August 27, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: M & S Masonry Construction, Inc.
Reference Number: P0100022371

Dear Sir/Madam:

Please accept this letter as a request to waive the \$400 late fee and file the previously sent report for the above referenced. We did not receive prior notice to file and are, therefore, requesting that the \$400 late fee be waived and our report filed.

Thank you for your assistance. If you should have any questions, please do not hesitate to contact me at 850-556-1359.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Arnold', is written over the word 'Sincerely,'.

Mark Arnold
Vice President

cc: file