


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90035 050 ***150.00

DOCUMENT # P02000014530	
1. Entity Name FRED'S MASONRY CO.	

Principal Place of Business 775 HILLVIEW DR ALTAMONTE SPRINGS, FL 32714	Mailing Address PO BOX 520387 LONGWOOD, FL 32752
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2400 CUYLER ST Suite, Apt. #, etc.
City & State	City & State MIMS FL
Zip	Country USA



01052005 Chg-P CR2E034 (10/03)

4. FEI Number 04-3597850	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 BEAUDARLANT, SUSAN 476 REIDER AVENUE LONGWOOD, FL 32750	7. Name and Address of New Registered Agent Name SUSAN BEAUDARLANT Street Address (P.O. Box Number is Not Acceptable) 2400 CUYLER ST City MIMS FL Zip Code 32754
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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 **SUSAN BEAUDARLANT** DATE **1/15/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CARMELICH, ROLAND J 476 REIDER AVENUE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2400 CUYLER ST MIMS FL 32754 <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
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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

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: **Roland Carmelich** **ROLAND CARMELICH** **1/15/05 Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR