2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

| DOCLI | | | | | | _ | | | | |
|---|---|----------------------|---|--|---|----------------------------|---|----------------|----------------------------|------------------------------|
| 1. Entity Nam | OR MASONRY CONCRE | | 05-02-2005 90415 022 ***150.00 | | | | | | | |
| Principal Plac | e of Business | Maitir | ng Address | | | | | | | |
| Principal Place of Business 1021 MCCLENDON DR. TALLAHASSEE, FL 32308 | | | 1021 MCCLENDON DR. TALLAHASSEE, FL 32308 | | | 1 /2011001 111 | | 1279 | 0 4 8 8 | (86) Al 168) |
| 2. Principal Place of Business | | 3. Ma | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suit | Suite, Apt. #, etc. | | | 04252005 | Chg-P | CR2E03 | 4 (10/03) | |
| City & State | е | City | City & State | | | 4. FEI Number 32-0002633 | | _ | plied For t Applicable | |
| Zip | Country | Zip | • | Count | iry | 5. Certificate of | of Status Desired | | 8.75 Add ee Required | |
| | 6. Name and Address of Curre | ent Register | red Agent | | | 7. Name and | Address of New R | egistered A | gent | |
| BRASSEAUX, DONNELLE M | | | | Name | (P.O. Boy Number | r is Not Acceptable | <u>, , , , , , , , , , , , , , , , , , , </u> | | | |
| 1021 MCLENDON DR TALLAHASSEE, FL 32308 | | | | | Oli del Address | (I .O. DOX NAMED I | 13 Not Acceptable | ·, | | |
| | | | | | City | | <u> </u> | FL | Zip Code | • |
| 8. The above the obligat | named entity submits this statementions of registered agent. | at for the purp | pose of changing its | registere | ed office or registe | ered agent, or both | n, in the State of Flo | orida. I am fa | miliar with, | and accept |
| SIGNATURE. | Signature, typed or printed name of registered ag | gent and title if ap | oplicable. (NOTE | : Registered | d Agent signature require | ad when reinstating) | | DATE | - | |
| | | | | | | | | | | |
| After M | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55 | 0.00 | 9. Election Campai Trust Fund Conti | | cing \$5 | 5.00 May Be ded to Fees | | | | |
| After M | ay 1, 2005 Fee will be \$55 | | Trust Fund Conti | ribution. | cing \$5 | | CHANGES TO OFF | ICERS AND | DIRECTORS | SIN 11 |
| After M | ay 1, 2005 Fee will be \$55 | | Trust Fund Conti | ribution. | Ādē | | CHANGES TO OFF | | | |
| After M | ay 1, 2005 Fee will be \$55 | | Trust Fund Conti | 11. IIILE | Add | | CHANGES TO OFF | | DIRECTORS Change | S IN 11 |
| 10. TITLE NAME | ay 1, 2005 Fee will be \$55 OFFICERS AI PD BRASSEAUX, DONNELLE M | | Trust Fund Conti | 11. IITLE NAME STREE | Ādē | | CHANGES TO OFF | | | |
| After M. 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS | OFFICERS AI PD BRASSEAUX, DONNELLE M 1021 MCCLENDON DRIVE | | Trust Fund Conti | 11. IIILE NAMI STREE CITY TITLE NAME STREE | Addi | | CHANGES TO OFF | | | |
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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.

CITY-ST-ZIP

CITY-ST-ZIP

| SIGNATURE: Donnelle Porasseaul | 41 | 25/05 | |
|--|----|-------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |