


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91211 042 ***150.00

DOCUMENT # P02000025306	
1. Entity Name JOE KOEHLER'S MASONRY, INC.	

Principal Place of Business 3600 OAKTREE LN PACE, FL 32570	Mailing Address 3600 OAKTREE LN PACE, FL 32570
---	---

2. Principal Place of Business 3567 Oak Tree Lane Suite, Apt. #, etc.	3. Mailing Address 3567 Oak Tree Lane Suite, Apt. #, etc.
--	--


City & State Pace, FL	City & State Pace, FL
Zip 32571	Country USA



04282004 Chg-P CR2E034 (10/03)


6. Name and Address of Current Registered Agent KOEHLER, JOSEPH 3600 OAKTREE LN PACE, FL 32570	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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: 4/30/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D KOEHLER, JOSEPH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEHLER, JOSEPH	NAME	
STREET ADDRESS	P.O. BOX 415E LN	STREET ADDRESS	
CITY-ST-ZIP	LOXLEY, AL 36551	CITY-ST-ZIP	
TITLE	D KOEHLER, JAMES P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEHLER, JAMES P	NAME	
STREET ADDRESS	P.O. BOX 415E LN	STREET ADDRESS	
CITY-ST-ZIP	LOXLEY, AL 36551	CITY-ST-ZIP	
TITLE	D REYNOLDS, JASON A <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, JASON A	NAME	
STREET ADDRESS	4724 GURNSEY RD	STREET ADDRESS	
CITY-ST-ZIP	PACE, FL 32571	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 4/30/04