

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90038 049 ***150.00

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1. Entity Name
SALT & PEPPER MASONRY INC.



Principal Place of Business
**906 SCENIC HWY
HAINES CITY, FL 33844**

Mailing Address
**906 SCENIC HWY
HAINES CITY, FL 33844**

54034771



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3012926

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBINSON, MAURICE
1801 E. COLONIAL DR.
ORLANDO, FL 32803**

**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	DV
NAME	BAKER, PATRICIA
STREET ADDRESS	2518 CLEST DR.
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	DP
NAME	WOOTEN, VIRGINIA
STREET ADDRESS	906 SCENIC HWY
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	DST
NAME	MCCORMICK, JAMES
STREET ADDRESS	2315 TAYLOR ST.
CITY-ST-ZIP	MASCOTTE, FL 34753
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #