

# **-2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**DOCUMENT # P02000042142**

1. Entity Name

DAVID SMITH MASONRY, INC.



Principal Place of Business

1313 LESTER DR.  
KISSIMMEE FL 34741

Mailing Address

1313 LESTER DR.  
KISSIMMEE FL 34741

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 **33-1000687**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DAVID  
1313 LESTER DR.  
KISSIMMEE FL 34741

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

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**  
**Make Check Payable to Florida Department of State**

9. 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 ☐ Delete  
NAME P  
STREET ADDRESS SMITH, DAVID  
CITY - ST - ZIP 1313 LESTER DR  
KISSIMMEE FL 34741

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U00000055233  
CITY - ST - ZIP 02/17/04-80030-014 150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
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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)(f), 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:

*David Smith* **DAVID SMITH** 2-11-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**



MOORE CR2E034 (11/03)