


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90025 027 ***150.00


DOCUMENT # P02000062983	
1. Entity Name KEYSTONE MASONRY INC.	

Principal Place of Business 3875 SAN PABLO RD. SOUTH APT. #510 JACKSONVILLE, FL 32224	Mailing Address 3875 SAN PABLO RD. SOUTH APT. #510 JACKSONVILLE, FL 32224
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2. Principal Place of Business 12380 S. Benton Harbor Dr Suite, Apt. #, etc.	3. Mailing Address 12380 S. Benton Harbor Dr Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL 32225
Zip 32225	Country Duval

6. Name and Address of Current Registered Agent BONDARCHUK, IGOR 3875 SAN PABLO RD. SOUTH APT. #510 JACKSONVILLE, FL 32224	
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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:  03-10-2004 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONDARCHUK, IGOR 3875 SAN PABLO RD. SOUTH APT. #510 JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bondarchuk, Igor 12380 S. Benton Harbor Dr Jacksonville, FL 32225 <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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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:  03-10-2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #
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