

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90005 002 ***150.00

DOCUMENT # P02000091338

1. Entity Name

GALLUPS MASONRY, INC.



Principal Place of Business

4748 DOUGLAS DR
MILTON, FL 32583

Mailing Address

P. O. BOX 788
BAGDAD, FL 32530

44046043



DO NOT WRITE IN THIS SPACE

05172004 No Chg-P CR2E034 (10/03)

4. FEI Number

90-0053239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLUPS, BRANDON
4748 DOUGLAS DR
MILTON, FL 32583

**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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	GALLUPS, BRANDON C PRES
STREET ADDRESS	4748 DOUGLAS DRIVE
CITY-ST-ZIP	MILTON, FL 32583

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #

Attachment 3



P02000091338

44046043

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 17, 2004

GALLUPS MASONRY, INC.
P. O. BOX 788
BAGDAD, FL 32530

SUBJECT: GALLUPS MASONRY, INC.
Ref. Number: P02000091338

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 804A00034235

*Completed
Report
Attached*

