

2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Sep 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000100409

1. Entry Name

PLUMSUM MASONRY, INC.



Principal Place of Business

13832 BAY LAKE ROAD
GROVELAND FL 34736

Mailing Address

13832 BAY LAKE ROAD
GROVELAND FL 34736

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 14-1844996

Applied For
Not Applicable

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

2nd MOORE

CR2E034 (5/05)



6. Name and Address of Current Registered Agent

ARMSTRONG, ROBERT
13832 BAY LAKE ROAD
GROVELAND FL 34736

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State**

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: ARMSTRONG, ROBERT
STREET ADDRESS: 13832 BAY LAKE ROAD
CITY- ST- ZIP: GROVELAND FL 34736

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
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NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

8-22-05 352-429-9211