

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90036 004 \*\*\*203.00

**DOCUMENT # P02000103809**

1. Entity Name

SOUTHCOAST MASONRY, INC.



Principal Place of Business

10 SMITH CREEK ROAD  
SOPCHOPPY FL 32358

Mailing Address

10 SMITH CREEK ROAD  
SOPCHOPPY FL 32358

2. Principal Place of Business

ST. George Island

Suite, Apt. #, etc.

3. Mailing Address

10 SMITH CREEK ROAD

Suite, Apt. #, etc.

City & State

EAST POINT

City & State

SOPCHOPPY FLORIDA

Zip

Country

FRANKLIN

Zip

32358

Country

WAKULIA

4. FEI Number

56-2294783

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUNSON, LISA J  
9 ISLAND DRIVE  
EAST POINT FL 32328

7. Name and Address of New Registered Agent

Name

JOHN R HAVENS

Street Address (P.O. Box Number is Not Acceptable)

10 SMITH CREEK ROAD

City

SOPCHOPPY

FL

Zip Code

32358

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

John R Havens JOHN R HAVENS 2-13-04

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

TITLE PVST ☐ Delete  
NAME HAVENS, JOHN ROBERT  
STREET ADDRESS 10 SMITH CREEK ROAD  
CITY-ST-ZIP SOPCHOPPY FL 32358

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 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:

John R Havens JOHN R HAVENS

2-13-04

Date

962-7882

Daytime Phone #