

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-12-2004 90204 001 ***150.00

DOCUMENT # P02000113552					
1. Entity Name NEW WORLD MASONRY, INC.					
Principal Place of Business 7611 S ORANGE BLOSSOM TRIAL ORLANDO, FL 32809			Mailing Address 7611 S ORANGE BLOSSOM TRIAL ORLANDO, FL 32809		
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 02-0648470	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			Name <u>JOHN HEWITT JR</u> Street Address (P.O. Box Number is Not Acceptable) <u>7611 S. ORANGE BLOSSOM TRIAL</u> City <u>ORLANDO</u> FL Zip Code <u>32809</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HEWIT, JOHN L JR 7611 S ORANGE BLOSSOM TRIAL ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOHN L. HEWITT JR 7611 S. ORANGE BLOSSOM TRIAL ORLANDO FL 32809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THORDIS D. WILLIAMS 301 STONE STREET WILDWOOD FL 34785		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THORDIS D. WILLIAMS 301 STONE STREET WILDWOOD FL 34785	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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: <u>5-6-04</u> Daytime Phone #: <u>407.383-5620</u>		

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