


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90145 022 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000135095	
1. Entity Name S & T MASONRY OF SUMTER, INC.	

Principal Place of Business 10246 CR 209 OXFORD, FL 34484	Mailing Address 10246 CR 209 OXFORD, FL 34484
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50047196



02072005 No Chg-F CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2088395	Applied For No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required

8. Name and Address of Current Registered Agent STOLLAR, KIM 10246 CR 209 OXFORD, FL 34484	DO NOT WRITE IN THIS SPACE
9. 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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLLAR, KIM D 10246 CR 209 OXFORD, FL 34484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOLLAR, KENNETH D 8459 NORTH CR 470 LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOLLAR, KELLY D 40216 LARSON LANE LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THORNBERG, MASON D 8389 CR 177 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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 807, 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: 	50047196
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR	DATE