


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90117 023 \*\*\*150.00

<b>DOCUMENT # P03000007566</b>	
1. Entity Name <b>BLACK JACKS MASONARY CONSTRUCTION, INC.</b>	

Principal Place of Business <b>14452 US HWY 41 SPRING HILL, FL 34610</b>	Mailing Address <b>14452 US HWY 41 SPRING HILL, FL 34610</b>
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2. Principal Place of Business <b>16654 US 41</b>	3. Mailing Address <b>16654 US 41</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Springhill FLA.</b>	City & State <b>Springhill FLA.</b>
Zip <b>34610</b>	Zip <b>34610</b>
Country <b>PASCO</b>	Country <b>PASCO</b>

08142004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>56-2313323</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>	
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7. Name and Address of New Registered Agent Name <b>Altru Accounting</b> Street Address (P.O. Box Number is Not Acceptable) <b>9300 Regency Park Blvd</b> City <b>Port Richey</b> FL Zip Code <b>34668</b>	
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 <b>Doyle L. Hennessy</b> <b>Doyle L. Hennessy</b> Director <b>9/1/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD JONES, JACK 14452 US HWY 41 SPRING HILL, FL 34610</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HOPPER, PATRICIA 14452 US HWY 41 SPRING HILL, FL 34610</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Doyle L. Hennessy</b> <b>Doyle L. Hennessy</b> Director <b>9-1-04 727-215-0334</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>9-1-04</b> Daytime Phone # <b>727-215-0334</b>