
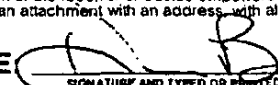


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2005 8:00 am
Secretary of State

07-22-2005 90021 013 ***150.00

DOCUMENT # P03000016957 1. Entity Name DLB MASONRY, INC.					
Principal Place of Business 523 POWDER HORN ROW LAKELAND FL 33809			Mailing Address 523 POWDER HORN ROW LAKELAND FL 33809		
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 03-0506390 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
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		
BASE, DAN 523 POWDER HORN ROW LAKELAND FL 33809			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 _____ (NOTE: Registered Agent signature required when re-stating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	P BASE, DAN 523 POWDER HORN ROW LAKELAND FL 33809 <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 			Date DAN BASE		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Daytime Phone # 863 835 1197		

ATTACHMENT

PO3000016957

66026099

TO: FLA. DEPT. OF STATE

I HAVE RECENTLY RECIEVED
A NOTICE IN THE MAIL STATING
MY COMPANY OWES \$400.00 IN
LATE FEES. I'm writing this
LETTER TO INFORM YOU THAT
I DID NOT ~~RECEIVE~~ RECIEVE THE
PROPER FORM IN DUE TIME.
HOWEVER, WHEN IT WAS RECIEVED,
THE \$150.00 FEE WAS PAID.
PLEASE RETURN DLB MASONRY INC.
TO VALID STATUS.

THANK YOU,

DAVE BASE

OWNER DLB MASONRY INC.