


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90212 005 ***150.00

DOCUMENT # P03000019241

1. Entity Name
NUNEZ MASONRY, INC.



Principal Place of Business
**3508 SAM ASTIN ROAD
 PLANT CITY, FL 33566**

Mailing Address
**3508 SAM ASTIN ROAD
 PLANT CITY, FL 33566**

140000--

2. Principal Place of Business
4518 HOLLOWAY CREEK RD

3. Mailing Address
4518 HOLLOWAY CREEK RD

Suite, Apt. #, etc.

City & State
PLANT CITY FL

City & State
PLANT CITY FL

Zip
33567 Country **US**

Zip
33567 Country **US**



03282005 Chg-P CR2E034 (10/03)

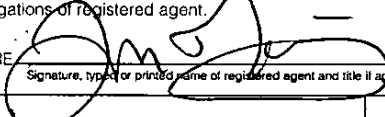
4. FEI Number
42-1578542

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NUNEZ, JORGE
 3508 SAM ASTIN ROAD
 PLANT CITY, FL 33566**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4518 HOLLOWAY CREEK RD
 City **PLANT CITY** FL Zip Code **33567**

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  DATE **4/20/05**

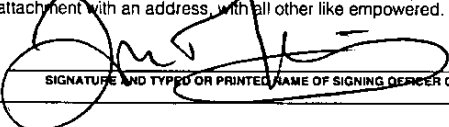
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME NUNEZ, JORGE	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 4518 HOLLOWAY CREEK RD
STREET ADDRESS 3508 SAM ASTIN ROAD	CITY-ST-ZIP PLANT CITY, FL 33566	STREET ADDRESS 4518 HOLLOWAY CREEK RD	CITY-ST-ZIP PLANT CITY, FL 33567
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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:  DATE **4/20/05** DAYTIME PHONE # **813-363-9412**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR