


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-09-2004 90029 014 ***150.00

DOCUMENT # P03000021999			
1. Entity Name EXPERT MASONRY INC.			
Principal Place of Business % JOSE R. SANCHEZ 137 S OLEANDER STREET FELLSMERE FL 32948		Mailing Address % JOSE R. SANCHEZ 137 S OLEANDER STREET FELLSMERE FL 32948	
2. Principal Place of Business		3. Mailing Address 64 S. Broadway Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fellsmere, FL	
Zip	Country	Zip 32948	Country Indian River
6. Name and Address of Current Registered Agent SANCHEZ, JOSE R 137 S OLEANDER STREET FELLSMERE FL 32948		7. Name and Address of New Registered Agent	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	Jose R. Sanchez, President <input type="checkbox"/> Delete 64 S. Broadway Street Fellsmere, FL 32948	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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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: x Jose R. Sanchez		2/25/04 772571476	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66408304



MOORE CR2E034 (11/03)