2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90016 032 ***158.75

DOCUMENT # P03000043427

1. Entity Name
KIRSCH MASONRY, INC.

04032663

Principal Place of Business	Mailing Address
4808-B ADLER DRIVE WEST PALM BEACH, FL 33414 US	4808-B ADLER DRIVE WEST PALM BEACH, FL 33414 US

03312004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12065 Regal Court W	12065 Regal Court W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington FL	City & State: Wellington FL
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRSCH, BRIAN
4808-B ADLER DRIVE
WEST PALM BEACH, FL 33414

7. Name and Address of New Registered Agent

Name: Brian Kirsch
Street Address (P.O. Box Number is Not Acceptable): 12065 Regal Court W
City: Wellington FL Zip Code: 33414

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: Brian Kirsch [signature] March 31, 04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P,VP KIRSCH, BRIAN 4808-B ADLER DRIVE WEST PALM BEACH, FL 33414 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12065 Regal Court W Wellington FL 33414
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] March 31, 04 (561) 662-6839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #