

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000050604 1. Entity Name TOP FLIGHT MASONRY INC.					
Principal Place of Business _____				Mailing Address _____	
2. Principal Place of Business 1800 OLD MOODY BLVD		3. Mailing Address P.O. BOX 71			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BUNNELL FL		City & State BUNNELL, FL		4. FEI Number 42-1592869	
Zip 32110		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32110		Country USA		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 Name -- A1A REGISTERED AGENT INC Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD City QUINCY FL Zip Code 32351	
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 <i>MARIELA LIPSON</i> DATE 05/10/2004 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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	DP RONNIE JONES P.O. BOX 71 BUNNELL, FL 32110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900037435819 06/01/04--01011--009 **150.00	
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 <i>Ronnie Jones</i>		RONNIE JONES		05-04-04 (386) 865-1556	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

FILED
04 MAY 20 AM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DATE: 05/03/2004

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

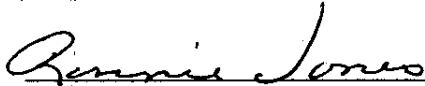
FROM: RONNIE JONES
TOP FLIGHT MASONRY INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY
MAIL.

PLEASE FILE OUR ANNUAL REPORT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 386-437-8313

THANKS,



RONNIE JONES, DIRETOR & PRESIDENT
TOP FLIGHT MASONRY INC.