

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90029 039 ***150.00

DOCUMENT # P03000075946					
1. Entity Name GARY LEWIS MASONRY, INC.					
Principal Place of Business 6352 SHADY DALE AVE SPRING HILL, FL 34609			Mailing Address 6352 SHADY DALE AVE SPRING HILL, FL 34609		
2. Principal Place of Business 9516 GARY STREET Suite, Apt. #, etc.		3. Mailing Address 9516 GARY STREET Suite, Apt. #, etc.			
City & State HUDSON FL		City & State HUDSON FL		4. FEI Number 20-0079716	
Zip 34669		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARMON, DAVID D 6352 SHADY DALE AVE SPRING HILL, FL 34609				7. Name and Address of New Registered Agent Name: HARMON DAVID D Street Address (P.O. Box Number is Not Acceptable): 9516 GARY STREET City: HUDSON FL Zip Code: 34669	
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: 3-09-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	D HARMON, DAVID D 6352 SHADY DALE AVE SPRING HILL, FL 34609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVPST HARMON, DAVID D 9516 GARY STREET HUDSON FL 34669	<input checked="" 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:			3-9-04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		