

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90009 031 \*\*\*150.00

DOCUMENT # P03000093882					
1. Entity Name <b>BOOTH MASONARY INC</b>					
Principal Place of Business <b>6100 NEUMAN AVE 610 NUNA AVE</b> FORT MYERS, FL 33905 US			Mailing Address <b>6100 NEUMAN AVE 610 NUNA AVE</b> FORT MYERS, FL 33905 US		
2. Principal Place of Business <b>5356 SUMMERLIN RD</b> Suite, Apt. #, etc. <b>ID</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Fort Myers, FL</b>		City & State		4. FEI Number <b>20-0178665</b>	
Zip <b>33919</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SOUTHWEST PROFESSIONAL SERVICES OF SO FL I</b> <b>13571 MCGREGOR BLVD</b> <b>22</b> <b>FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D BOOTH, CRYSTAL <del>6100 NEUMAN AVE</del> <b>610 NUNA AVE</b> FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D TERRI NEUBERGER <b>5356 SUMMERLIN RD #10</b> <b>FORT MYERS, FL 33919</b>	<input type="checkbox"/> Change <input checked="" 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
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: <u>TERRI NEUBERGER</u>				Date <u>1/12/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	