

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104766

Entity Name: THOMAS ALLDREDGE MASONRY, INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

6110 OLD DIXIE HIGHWAY
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

6110 OLD DIXIE HIGHWAY
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 20-0255592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

GOODMAN, TAMMY L
6110 OLD DIXIE HWY
HAINES CITY, FL 33844 US

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.

SIGNATURE: TAMMY GOODMAN

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLDREDGE, THOMAS
Address: 6110 OLD DIXIE HIGHWAY
City-St-Zip: HAINES CITY, FL 33844 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ALLDREDGE, THOMAS
Address: 6110 OLD DIXIE HIGHWAY
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP/D () Change (X) Addition
Name: ALLDREDGE, DONNY D
Address: 6120 OLD DIXIE HWY
City-St-Zip: HAINES CITY, FL 33844

Title: S/D () Change (X) Addition
Name: GOODMAN, DAVID W
Address: 6130 OLD DIXIE HWY
City-St-Zip: HAINES CITY, FL 33844

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS ALLDREDGE

P/D

01/13/2004

Electronic Signature of Signing Officer or Director

Date