

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90012 035 ***150.00

DOCUMENT # P03000112026 1. Entity Name FLORIDA MASONRY SUPPLY INC					
Principal Place of Business 1810 HYPOLUXO ROAD SUITE D-6 LANTANA, FL 34990			Mailing Address 1810 HYPOLUXO ROAD SUITE D-6 LANTANA, FL 34990		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 33462	Country	Zip 33462	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEBOURN, HEATHER B 1810 HYPOLUXO ROAD SUITE D-6 LANTANA, FL 33462			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	P SEBOURN, HEATHER B <input type="checkbox"/> Delete 1810 HYPOLUXO ROAD SUITE D-6 LANTANA, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Joseph Zingale <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1810 Hypoluxo Rd Suite D-6 Lantana, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY SEBOURN, HEATHER B <input type="checkbox"/> Delete 1810 HYPOLUXO ROAD SUITE D-6 LANTANA, FL 33462		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	
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	
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>Heather Sebourn</u> <u>Heather Sebourn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>15Apr04</u> <u>561-582-2726</u> <small>Date Daytime Phone #</small>		