
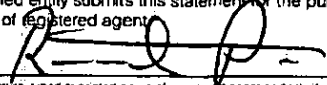
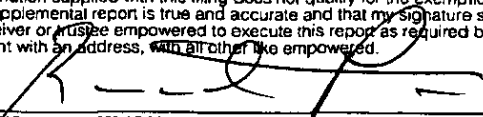


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

8/11

**FILED**  
**Sep 02, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90002 026 \*\*\*158.75

DOCUMENT # P03000114175			
1. Entity Name <b>MASONRY SYSTEMS &amp; BUILDING CONTRACTING, INC.</b>			
Principal Place of Business 296 GARY BLVD LONGWOOD FL 32250		Mailing Address 296 GARY BLVD LONGWOOD FL 32250	
2. Principal Place of Business <b>296 GARY BLVD</b>		3. Mailing Address <b>296 GARY BLVD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LONGWOOD FL</b>		City & State <b>LONGWOOD FL</b>	
Zip <b>32750</b>	Country <b>SEMINOLE</b>	Zip <b>32750</b>	Country <b>SEMINOLE</b>
4. FEI Number <b>56-2401437</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PECK, RICHARD 296 GARY BLVD LONGWOOD FL 32250</b>		7. Name and Address of New Registered Agent Name <b>RICHARD PECK</b> Street Address (P.O. Box Number is Not Acceptable) <b>296 GARY BLVD</b> City <b>LONGWOOD</b> FL Zip Code <b>32750</b>	
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  <b>RICHARD PECK</b> DATE <b>7-3-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUPLICATE BY September 9, 2004</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PECK, RICHARD</b> <b>296 GARY BLVD</b> <b>LONGWOOD FL 32250</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>I DID NOT RECEIVE PRIOR NOTICE</b>
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
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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 or without other like empowered.			
SIGNATURE: 		Date <b>8-18-04</b> Daytime Phone # <b>407 324 1023</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	