

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115047

FILED
May 24, 2004
Secretary of State

Entity Name: JONATHAN LAPP MASONRY, INC.

Current Principal Place of Business:

3927 ETON PLACE
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

3927 ETON PLACE
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 51-0487452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPP, JONATHAN
3927 ETON PLACE
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPD () Delete
Name: LAPP, JONATHON
Address: 3927 ETON PLACE
City-St-Zip: SARASOTA, FL 34241

Title: STD () Delete
Name: LAPP, MARTHA
Address: 3927 ETON PLACE
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPD (X) Change () Addition
Name: LAPP, JONATHON
Address: 3927 ETON PLACE
City-St-Zip: SARASOTA, FL 34241 US

Title: STD (X) Change () Addition
Name: LAPP, MARTHA
Address: 3927 ETON PLACE
City-St-Zip: SARASOTA, FL 34241 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTHA LAPP

STD

05/24/2004

Electronic Signature of Signing Officer or Director

Date