2004 FOR PROFIT CORPORATION

attached

TINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04 JAN 20 PM 3:50 DOCUMENT # P03000117746 1. Entity Name SCOTT SYNAKOWSKI CONCRETE MASON INC Principal Place of Business Mailing Address 5881 SE COLLINS AVE 5881 SE COLLINS AVE STUART, FL 34997 STUART, FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 52-2406153 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SYNAKOWSKI, SCOTT W Street Address (P.O. Box Number is Not Acceptable) 5881 SE COLLINS AVE STUART, FL 34997 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete THE Change Addition TITLE SYNAKOWSKI, SCOTT W NAME NAME STREET ADDRESS 5881 SE COLLINS AVE STREET ADDRESS STUART, FL 34997 CITY-ST-ZIP CITY-ST-ZIP 600027617935 O1/26/04--01088--004 **150.00 Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE militar visites en NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Date

Daytime Phone *



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Page 1

Document Number P03000117746 Business Entity Name

FEI Number	522406153
FEI Number Status	O Applied For O Not Applicable Current
Certificate of Status De	esired C Yes © No \$8.75 each
P	rincipal Place of Business
Address	5881 SE COLLINS AVE
Suite, Apt. #, etc.	·
City, State	STUART , FL
Zip Code & Country	34997
	Mailing Address
Address	5881 SE COLLINS AVE
Suite, Apt. #, etc.	
City, State	STUART , FL
Zip Code & Country	34997
Name A	and Address of Registered Agent
Name (Last, First, Middle, Titl	e) SYNAKOWSKI SCOTT W, W,
or- RA Business Name	
Address	5881 SE COLLINS AVE
Suite, Apt. #, etc.	
City, State	STUART , FL
Zip Code & Country	34997
nt Signature' block below	nanged, the new RA must type their name in the 'Registered'. RA signature MUST be an individual name. If the RA is a

If Reg Agen business entity, an individual must sign on their behalf. A business entity own RA.

Registered Agent Signature	

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Division of Corporations

Annual Report

Page 2

Document Number P03000117746 Business Entity Name SCOTT SYNAKOWSKI CONCRETE MASON INC

Election Campaign Financing Trust Fund Contribution O Yes 6 No

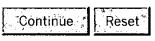
Officer/Director Name And Address

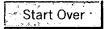
Title	pres
Name (Last, First, Middle, Title)	synakowski scott ,w pres
-or- Entity Name	
Street Address	5881 se collins ave.
City, State	stuart , fl
Zip Code & Country	34997
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	
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Name (Last, First, Middle, Title)	
-or- Entity Name	
-or- Littly Name	

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	Start Over
and the second s	
Officer/Director Sig	nature scott w. synakowski
Title	pres
	gnature' block below. A corporate name is not
An individual name	d above must type their name in the
C List more than six Offi	cers/Directors 6 No additional Officers/Directors to list
Zip Code & Country	
City, State	
Street Address	
-or- Entity Name	
Name (Last, First, Middle, T	itle)
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Zip Code & Country	The second secon
City, State],]
Street Address	
-or- Entity Name	
Name (Last, First, Middle, T	itle) , , , ,
Title	
Zip Code & Country	
City, State	,

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