

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2004 OCT-8 PM 2:26

DOCUMENT # P03000124178

1. Entity Name

REED MORRIS MASONRY, INC.



Principal Place of Business

ROUTE 6, BOX 334-C
LAKE CITY FL 32025

Mailing Address

ROUTE 6, BOX 334-C
LAKE CITY FL 32025

2. Principal Place of Business

3. Mailing Address

674 SE Alford Markham St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY FL

Zip

Country

32025

Country

USA

4. FEI Number

80 0083113

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

MOORE

CR2E034 (4/04)



6. Name and Address of Current Registered Agent

MORRIS, REED
ROUTE 6, BOX 334-C
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

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

Reed Morris

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

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. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MORRIS, REED
STREET ADDRESS ROUTE 6, BOX 334-C
CITY-ST-ZIP LAKE CITY FL 32025

TITLE D ☐ Delete
NAME CREEL, JOHN L
STREET ADDRESS ROUTE 6, BOX 94-6
CITY-ST-ZIP LAKE CITY FL 32025

TITLE D ☐ Delete
NAME MORRIS, JAMES R
STREET ADDRESS ROUTE 6, BOX 334-C
CITY-ST-ZIP LAKE CITY FL 32025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000041710470
10/08/04--01033--009 **158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Reed Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/04

386-623-1759

Daytime Phone #