

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90012 047 ***150.00

DOCUMENT # P03000128449

1. Entity Name
LOSONCY MASONRY, INC.



Principal Place of Business

**4601 - E 100 UNIT 139
BUNNELL, FL 32110**

Mailing Address

**4601 - E 100 UNIT 139
BUNNELL, FL 32110** *1125 Kerri Lynn
St. Augustine FL
32084*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082004

Chg-P

CR2E034 (10/03)

4. FEI Number

20 - 0386462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INTERNOSCIA, DAVID
3149 PONCE DE LEON BLVD.
UNIT #7
ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name **KEVIN S. LOSONCY**
Street Address (P.O. Box Number is Not Acceptable) **1125 KERRI LYNN RD.**
City **ST. AUGUSTINE** FL Zip Code **32084**

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

Kevin S. Losoncy

KEVIN S LOSONCY PRES.

3-8-04

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

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **LOSONCY, KEVIN B**
STREET ADDRESS **1125 KERRI LYNN RD.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE **VSD** ☐ Delete
NAME **LOSONCY, CHRISTINA B**
STREET ADDRESS **1125 KERRI LYNN RD.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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

Christina B. Losoncy **Christina B. Losoncy V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-8-04 904-814-7769

Daytime Phone #