

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000132008**

1. Entity Name  
**FRANK CROFT MASONRY, INC**



Principal Place of Business  
**141 SW BRIM STREET  
LAKE CITY, FL 32024**

Mailing Address  
**141 SW BRIM STREET  
LAKE CITY, FL 32024**

**DO NOT WRITE IN THIS SPACE**



04242005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0397430**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CROFT, FRANK  
RT 11 BOX 395 141 SW BRIM ST  
LAKE CITY, FL 32024**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CROFT, FRANK
STREET ADDRESS	141 SW BRIM STREET
CITY - ST - ZIP	LAKE CITY, FL 32024
TITLE	V
NAME	MCFARLAND, BRETT
STREET ADDRESS	141 SW BRIM STREET
CITY - ST - ZIP	LAKE CITY, FL 32024
TITLE	ST
NAME	CROFT, MARIALYCE
STREET ADDRESS	141 SW BRIM STREET
CITY - ST - ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000337435  
04/27/05-80168-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marialyce Croft MARIALYCE CROFT 4-25-05 (368) 755-5183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #