2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 08, 2005 8:00 am DOCUMENT # P03000138036 **Secretary of State** 1. Entity Name 02-08-2005 90005 037 ***158.75 MD MASONRY CORPORATION Mailing Address Principal Place of Business 2981 SNOW DR. DELTONA FL 32738 2981 SNOW DR. DELTONA FL 32738. 2. Principal Place of Business 3. Mailing Address 2578 ENTERPRISE RD Suite, Apt. #, etc. Suite# Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State Orange 41-2117378 Deinn Not Applicable \$8.75 Additional 5. Certificate of Status Desired ".S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent , Patricia J. ESPY, PATRICIA J Street Address (P.O. Box Number is Not Acceptable) 2981 SNOW DR. DELTONA FL 32738 2175 Deerfoot TRAIL 32720 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 regietered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. ·Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE PD Detete TITLE Addition ESPY, MICHAEL D NAME NAME 2175 DELRFOOT TEALL STREET ADDRESS 2981 SNOW DR. STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP CHY-ST-7IP TD TITLE Change TITLE ☐ Addition ☐ Delete ESPY, PATRICIA J NAME NAME 2175 DEERFOOT TRAIL 2981 SNOW DR. STREET ADDRESS STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete 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

FILED