## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # P03000139909** 04-21-2004 90038 047 \*\*\*150.00 ROY CRUMPTON MASONRY, INC. Mailing Address Principal Place of Business 94058454 14180 GROVER RD 14180 GROVER RD JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32226 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. \_\_Suite, Apt # .etc \_\_\_ \_ 03092004 CR2E034 (10/03) Chq-P 4. FEI Number Applied For City & State City & State 2,004402 Not Applicable Zip Zip. Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRUMPTON, ROY Street Address (P.O. Box Number is Not Acceptable) 14180 GROVER RD JACKSONVILLE, FL 32226 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 (NOTE: Registered Agent signalure required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Delete TITLE Addition TITLE CRUMPTON, ROY NAME NAME STREET ADDRESS 14180 GROVER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32226 · TITLE Delete TITLE Change Addition 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 Addition \_\_ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition □ Delete 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.

neys

40

SIGNATURE:

**FILED** 

april 20,2004 751-029