

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90044 016 ***150.00

DOCUMENT # P03000140354

1. Entity Name
RICHARD BOHNSTEDT MASONRY, INC.



Principal Place of Business
**SLIP ONE, 85970 OVERSEAS HWY.
ISLAMORADA, FL 33036**

Mailing Address
**P. O. BOX 726
ISLAMORADA, FL 33036**

50013886



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2459536

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOHNSTEDT, RICHARD
SLIP ONE, 85970 OVERSEAS HWY.
ISLAMORADA, FL 33036**

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

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

(NOTE: Registered Agent signature required when reinstalling)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDTS
BOHNSTEDT, RICHARD
85970 OVERSEAS HWY
ISLAMORADA, FL 33036** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2, 803 305 393 0705
Date Daytime Phone #



ATTACHMENT
50013886
Division of Corporations

Annual Report

Document Number

P03000140354

Business Entity Name

RICHARD BOHNSTEDT MASONRY, INC.

FEI Number

592459536

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

SLIP ONE, 85970 OVERSEAS HWY.

Suite, Apt. #, etc.

City, State

ISLAMORADA, FL

Zip Code & Country

33036

Mailing Address

Address

P. O. BOX 726

Suite, Apt. #, etc.

City, State

ISLAMORADA, FL

Zip Code & Country

33036

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BOHNSTEDT, RICHARD

-or- RA Business Name

Address

SLIP ONE, 85970 OVERSEAS HWY.

Suite, Apt. #, etc.

City, State

ISLAMORADA, FL

Zip Code & Country

33036 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

forgery under s.831.06, Florida Statutes.

ATTACHMENT

70300040354

50013886

Officer/Director-Name And-Address

Title ☐ PDTS
Name (Last, First, Middle, Title) ☐ JOHNSTEDT ☐ RICHARD ☐ ☐
-or- Entity Name ☐
Street Address ☐ 85970 OVERSEAS HWY
City, State ☐ ISLAMORADA ☐ FL
Zip Code & Country ☐ 33036 ☐

Title ☐ Same DB
Name (Last, First, Middle, Title) ☐ ☐ ☐ ☐
-or- Entity Name ☐
Street Address ☐
City, State ☐ ☐
Zip Code & Country ☐ ☐

Title ☐ Same DB
Name (Last, First, Middle, Title) ☐ ☐ ☐ ☐
-or- Entity Name ☐
Street Address ☐
City, State ☐ ☐
Zip Code & Country ☐ ☐

Title ☐ Same DB
Name (Last, First, Middle, Title) ☐ ☐ ☐ ☐
-or- Entity Name ☐
Street Address ☐
City, State ☐ ☐
Zip Code & Country ☐ ☐

Title ☐ Same DB
Name (Last, First, Middle, Title) ☐ ☐ ☐ ☐
-or- Entity Name ☐
Street Address ☐
City, State ☐ ☐
Zip Code & Country ☐ ☐

ATTACHMENT

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Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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