2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) -

Aug 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000141603** 08-16-2004 90017 005 ***150.00 08-26-2004 90003 028 *****8.75 MICHAEL DILE MASONRY, INC. Principal Place of Business * Mailing Address 5103 MAPLE DRIVE 5103 MAPLE DRIVE LAKELAND FL 33810 54070023 AKELAND FL 33810 2. Principal Place of Business 3. Mailing Address Suite, Act, #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 20-0428 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nате -ILE; MICHAEL-D Street Address (P.O. Box Number is Not Acceptable) 5103 MAPLE DRIVE LAKELAND FL 33810 City 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 agen (NOTE: Registered Agent signature regured when reinstating) FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. P/D TITLE Delete TITLE ☐ Chance ☐ Addition ILE, MICHAEL D NAME NAME STREET ADDRESS 5103 MAPLE DRIVE STREET ADDRESS LAKELAND FL 33810 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ILE, ARLENE F NAME STREET ADDRESS 5103 MAPLE DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33810 CITY-ST-ZIP IIII F ☐ Delete Change Addition NAME ILE, RACHEL L NAME STREET ADDRESS 5103 MAPLE DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33810 CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change ■ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Detets ☐ Addition 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 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 attachingent with an address, with all other like empty weed. 8-23-04 SIGNATURE:

FILED

CHAELD LIE MASONBY. INC.

5103 MAPLE DRIVE . LAKELAND, FL 33810-2472 Phone 863-858-1738

54070023

August 10, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom II May Concern,

This letter is to advise you that we did not receive the first notice for 2004 to renew our Corporate character. We feel as such by attaching this letter to our Annual Report and also attaching a check for \$150.00, the original amount due we should be paid in full. We also ask that you check your records to be sure you have our correct address and other information necessary to insure that our company receives the first notice next year.

We thank you for your prompt and careful consideration in this matter.

Respectfully.

Michael D. Ile, President Michael D. Ile Masonry, Inc.