

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143383

Entity Name: J WP MASONRY,INC

FILED
Jan 08, 2004
Secretary of State

Current Principal Place of Business:

255 CHADWORTH DR
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

255 CHADWORTH DR
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PASTRANA, EDITH V
255 CHADWORTH DRIVE
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PASTRANA, EDITH V
Address: 255 CHADWORTH DR
City-St-Zip: KISSIMMEE, FL 34758

Title: S () Delete
Name: CINTRON, FIDELINA
Address: 413 TAMARIND PARKE LANE
City-St-Zip: KISSIMMEE, FL 34758

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: CINTRON, FIDELINA
Address: 413 TAMARIND PARKE LANE
City-St-Zip: KISSIMMEE, FL 34758

Title: S () Change (X) Addition
Name: PASTRANA, SUHJEY M
Address: 255 CHADWORTH DR
City-St-Zip: KISSIMMEE, FL 34758

Title: O () Change (X) Addition
Name: PASTRANA, JUAN W
Address: 255 CHADWORTH DR
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH V PASTRANA

P

01/08/2004

Electronic Signature of Signing Officer or Director

Date