2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143383

Entity Name: J WP MASONRY, INC

City-St-Zip:

KISSIMMEE, FL 34758

FILED Feb 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 255 CHADWORTH DR KISSIMMEE, FL 34758 **Current Mailing Address: New Mailing Address:** 255 CHADWORTH DR KISSIMMEE, FL 34758 FEI Number: 45-0530688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PASTRANA, EDITH V 255 CHADWORTH DRIVE KISSIMMEE, FL 34758 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PASTRANA, EDITH V PASTRANA, EDITH V Name: Name: 255 CHADWORTH DR 255 CHADWORTH DR Address: Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: KISSIMMEE, FL 34758 () Delete Title: Title: (X) Change () Addition Name: CINTRON, FIDELINA Name: PASTRANA, JUAN W 413 TAMARIND PARKE LANE 255 CHADWORTH DRIVE Address: Address: KISSIMMEE, FL 34758 KISSIMMEE, FL 34758 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition PASTRANA, SUHJEY M Name: Name: 255 CHADWORTH DR Address: Address: City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: Title: (X) Delete Title: () Change () Addition PASTRANA, JUAN W Name: Name: Address: 255 CHADWORTH DR Address:

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.

City-St-Zip:

SIGNATURE: EDITH V PASTRANA VP 02/10/2005