


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000147258**  
 1. Entity Name  
**GUNDERSON CEMENT & MASONRY INC.**



Principal Place of Business      Mailing Address  
**207 WASHINGTON BLVD**      **207 WASHINGTON BLVD**  
**LAKE PALCID, FL 33852**      **LAKE PALCID, FL 33852**

**DO NOT WRITE IN THIS SPACE**



01272005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**20-0498649**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**COLLEY FINANCIAL SERVICES INC.**  
**209 US 27 S**  
**LAKE PLACID, FL 33852**

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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: Dale Gunderson      DATE: 2-18-05  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      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**

1100000237444  
 02/21/05-80055-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GUNDERSON, DALE 207 WASHINGTON BLVD LAKE PALCID, FL 33852
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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.

SIGNATURE: Dale Gunderson      Date: 2-18-05      Daytime Phone #: 863-465-5335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR