

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148163

FILED  
Apr 16, 2005  
Secretary of State

Entity Name: WALRAVEN MASONRY CORP

## Current Principal Place of Business:

1515 VIA DE LUNA DR  
GULF BREEZE, FL 32561

## New Principal Place of Business:

3645 MULDOON ROAD  
PENSACOLA, FL 32526

## Current Mailing Address:

1515 VIA DE LUNA DR  
GULF BREEZE, FL 32561

## New Mailing Address:

3645 MULDOON ROAD  
PENSACOLA, FL 32526

FEI Number: 30-0219663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALRAVEN, VALERIE  
1515 VIA DE LUNA DR  
GULF BREEZE, FL 32561 US

## Name and Address of New Registered Agent:

WALRAVEN, VALERIE  
3645 MULDOON ROAD  
PENSACOLA, FL 32526 US

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: VALERIE WALRAVEN

04/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PV ( ) Delete  
Name: WALRAVEN, NICHOLAS  
Address: 1515 VIA DE LUNA DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: T ( ) Delete  
Name: WALRAVEN, VALERIE  
Address: 1515 VIA DE LUNA DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: S ( ) Delete  
Name: CRAIG, MARY  
Address: 3645 MOULDOON RD  
City-St-Zip: PENSACOLA, FL 32526

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change ( ) Addition  
Name: WALRAVEN, NICHOLAS  
Address: 3645 MULDOON ROAD  
City-St-Zip: PENSACOLA, FL 32526

Title: T (X) Change ( ) Addition  
Name: WALRAVEN, VALERIE  
Address: 3645 MULDOON ROAD  
City-St-Zip: PENSACOLA, FL 32526

Title: S (X) Change ( ) Addition  
Name: CRAIG, MARY  
Address: 3649 MOULDOON RD  
City-St-Zip: PENSACOLA, FL 32526

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: VALERIE WALRAVEN

T

04/16/2005

Electronic Signature of Signing Officer or Director

Date