FILED Feb 10, 2005 8:00 am Secretary of State 01-18-2005 90030 021 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	e	# P03000152 S MASONRY, INC.			01-18-200.	70030	021 1	30.00		
Principal Place	e of Busines:	s			000015	50				
17965 SR 62 Parrish, Fl			17965 SR 62 Parrish, FL 34219			66001550				
								I	TO TELL SENIO MOL	1881M
2. Principal P	lace of Busin	1055	3. Mailing Address							
Suite, Apt. #, etc.			· Suite, Apt. #, etc.			01072005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State			4. FEI Number		<u>a</u>	1	plied For Applicable
Zip	Country		Zip Count		ity	5. Certificate	of Status Desired		\$8.75 Add. Fee Required	
	6. Name	and Address of Current		7. Name and Address of New Registered Agent						
HANKS-CHARLES-LEE								<u>: = </u>	هور بياد <u>د دو د د</u>	
17965 SR 62 PARRISH, FL 34219					Street Address (P.O. Box Number is Not Acceptable)					
					City			<u></u>	Zip Code	
					the in the State of El	FL	· ·			
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										
Signature, hosed or privide Aerire of regestered agent and title if applicable. (NOTE: Registered Agent signeture required when rematating) DATE										
FILE NOWIII FEE IS \$150.00 9. Election Campeign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees										
10.	<u> </u>	OFFICERS AND	DIRECTORS	11.	-;	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	in 11
TITLE	D		☐ Deleta	E .				☐ Change	Addition	
NAME STREET ADDRESS	HANKS, 0 17965 SF	CHARLES L R 62	EET ADDRESS					}		
C/TY-ST-ZIP		I, FL 34219	¢m	-51-29		······································				
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CITY-ST-ZIP	D	I, FL 34219	☐ Deleta	r-st-7P				☐ Change	∏ Addition	
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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 chapter 607 or an attactment with an address, with all other like empowered.										
SIGNATURE: Charles All Types on Printing Marke of Market on Direction 1/7/2005 94/358 9/19										