
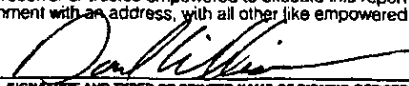


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 28, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90003 006 \*\*\*150.00

8/31

<b>DOCUMENT # P03000155026</b> 1. Entity Name <b>HIGH TECH MASONRY, INC.</b>					
Principal Place of Business <b>3605 ROGERO RD. JACKSONVILLE FL 32277</b>			Mailing Address <b>3605 ROGERO RD. JACKSONVILLE FL 32277</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-0523816</b>	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JOHNSON, KEITH H 8810 GOODBY'S EXECUTIVE DR., STE. A JACKSONVILLE FL 32217</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST WILLIAMSON, DANIEL 3605 ROGERO RD. JACKSONVILLE FL 32277</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>8-25-04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

00404401



MOORE CR2E034 (4/04)

Attachment  
66434201



JOHNSON AND JOHNSON, P.A.

ATTORNEYS AND COUNSELORS AT LAW

8810 GOODBY'S EXECUTIVE DRIVE, SUITE A  
JACKSONVILLE, FLORIDA 32217  
(904) 737-5930 · FAX (904) 737-5966  
[www.johnsonandjohnsonpa.com](http://www.johnsonandjohnsonpa.com)

KEITH H. JOHNSON  
BOARD CERTIFIED TAX ATTORNEY  
CERTIFIED PUBLIC ACCOUNTANT

LOUIS A. FRASHUER  
ATTORNEY AT LAW, CMA, EA

September 24, 2004

R. DENISE JOHNSON  
ATTORNEY AT LAW

KRISTOPHER D. ROBINSON  
ATTORNEY AT LAW, LL.M. TAXATION

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: ~~High-Tech Masonry, Inc.~~  
P03000155026

Dear Sir/Madam:

In response to your letter of September 2, 2004 (copy attached), please find enclosed for processing the 2004 For Profit Corporation Annual Report for the above referenced corporation with Block 4 completed with the corporation's Federal Employer Identification Number.

Should you have any questions, please let us know. Thank you for your assistance in this matter.

Sincerely,

Louis A. Frashuer

Enclosures  
As stated

c: Daniel Williamson



Attachment  
66434201

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

737 5966

September 2, 2004

HIGH TECH MASONRY, INC.  
3605 ROGERO RD.  
JACKSONVILLE, FL 32277

Subject: HIGH TECH MASONRY, INC.

Reference Number: P03000155026

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rg  
ANNUAL REPORTS SECTION