


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90087 025 ***158.75

DOCUMENT # P04000003816 1. Entity Name M.G.MASONRY, INC.					
Principal Place of Business 2821 UMBRELLA TREE DR EDGEWATER FL 32141				Mailing Address 2821 UMBRELLA TREE DR EDGEWATER FL 32141	
2. Principal Place of Business Michael & Jo Anne Guattieri 2904 Juniper Drive Edgewater, FL 32141				3. Mailing Address Michael & Jo Anne Guattieri 2904 Juniper Drive Edgewater, FL 32141	
Suite, Apt. #, etc. 2904 Juniper Drive				Suite, Apt. #, etc. 2904 Juniper Drive	
City & State Edgewater, FL 32141				City & State Edgewater, FL 32141	
Zip USA		Country USA		4. FEI Number 55-0855-461	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GUALTIERI, MICHAEL 2821 UMBRELLA TREE DR 2904 Juniper Dr. EDGEWATER FL 32141				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPST <input type="checkbox"/> Delete NAME GUALTIERI, MICHAEL STREET ADDRESS 2821 UMBRELLA TREE DR 2904 Juniper Dr CITY-ST-ZIP EDGEWATER FL 32141				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V <input type="checkbox"/> Delete NAME GUALTIERI, JO ANNE STREET ADDRESS 2821 UMBRELLA TREE DR 2904 Juniper Dr CITY-ST-ZIP EDGEWATER FL 32141				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><i>Jo Anne Guattieri</i></u> <u><i>Jo Anne Guattieri</i></u> 2/11/05 386 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					