

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000009474

1. Entity Name
B & B CUSTOM MASONRY, INC.



FILED

05 MAR -8 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2715 CRICKET RD 1206 Elm Rd
TALLAHASSEE, FL 32310
04

Mailing Address
2715 CRICKET RD
TALLAHASSEE, FL 32310

2. Principal Place of Business

1206 Elm Rd

3. Mailing Address

1206 Elm Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Talla Fla

City & State
Talla Fla

03072005

Chg-P

CR2E034 (10/03)

05

4. FEI Number

200583697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENNINGTON, KEVIN
2715 CRICKET RD
TALLAHASSEE, FL 32310

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

Kevin Pennington

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PENNINGTON, KEVIN
STREET ADDRESS 2715 CRICKET RD
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE V ☐ Delete
NAME ROGERS, LEE
STREET ADDRESS 2715 CRICKET RD
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE S ☒ Delete
NAME HILL, RANDY
STREET ADDRESS 2512 SHAWDWOOD DR
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition
NAME James Michael Earnest
STREET ADDRESS 2463 LW Barfield
CITY-ST-ZIP Talla Fla 32310

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Kevin Pennington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05

Date

850 251-6550

Daytime Phone #