

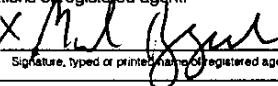



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90171 015 \*\*\*150.00

<b>DOCUMENT # P04000010210</b> 1. Entity Name <b>MIKE KAY MASONARY, INC.</b>																							
Principal Place of Business <b>14536 71 PLACE NORTH LOXAHATCHEE, FL 33470</b>			Mailing Address <b>14536 71 PLACE NORTH LOXAHATCHEE, FL 33470</b>																				
2. Principal Place of Business <b>PLACE</b> <b>14536 71st Place N.</b>		3. Mailing Address <b>PLACE</b> <b>14536 71st Place N.</b>																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02232005    Chg-P    CR2E034 (10/03)																			
City & State <b>Loxahatchee FL</b>		City & State <b>Loxahatchee FL</b>		4. FEI Number <b>58-2681690</b>																			
Zip <b>33470</b>		Country <b>Palm Bch.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																			
6. Name and Address of Current Registered Agent  <b>KRZYWADA, MIKE 14536 71 PLACE NORTH LOXAHATCHEE, FL 33470</b>				7. Name and Address of New Registered Agent Name <b>KRZYWADA, MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>14536 71st PLACE NORTH</b> City <b>Loxahatchee FL</b> Zip Code <b>33470</b>																			
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  <b>MICHAEL KRZYWADA, PRES. 2/26/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D KRZYWADA, MIKE</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">14536 71 PLACE NORTH</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LOXAHATCHEE, FL 33470</td> </tr> </table>			TITLE	D KRZYWADA, MIKE	<input type="checkbox"/> Delete	STREET ADDRESS	14536 71 PLACE NORTH		CITY-ST-ZIP	LOXAHATCHEE, FL 33470		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P KRZYWADA, MICHAEL</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">14536 71st Place N.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Loxahatchee FL 33470</td> </tr> </table>			TITLE	P KRZYWADA, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	14536 71st Place N.		CITY-ST-ZIP	Loxahatchee FL 33470	
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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 changed, or on an attachment with an address, with all other like empowered.																							
SIGNATURE:  <b>MICHAEL KRZYWADA, PRES. 2/26/05 561.329.7394</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							