2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 22, 2005 8:00 am Secretary of State DOCUMENT # P04000023825 05-02-2005 90485 029 ***150.00 BLUE WATER MASONRY, INC. Principal Place of Business Mailing Address 1107 LITHIA PINECREST ROAD 1107 LITHIA PINECREST ROAD DRADENTON, FL 33511 BRADENTON, FL 33511 BRANDON 2. Principal Place of Business 3. Mailing Address 1107 LITHIA PMACREST Re 1107 LINA PINECIEST RO Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 03282005 CR2E034 (10/03) 4. FEI Nurober City & State Cliv & State Applied For BRANDON 0709 BRANdON 31 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 335 U 3.35 <u>usa</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENNIS LESTER LESTER, DENNIS 1107 LITHIA PINECREST ROAD Street Address (P.O. Box Number is Not Acceptable) DRADENTON, FL 33511 1107 LITHIA PINE CLEST RO Brandon BRANDON 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fee ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition LESTER, DENNIS NAME MALK 1107 LITHIA PINECREST ROAD STREET ADDRESS STREET ADDRESS TOROGENITON, FL 33511 CITY-SI-ZIP CITY - 51 - 719 Brandon MLE Detete ☐ Change ☐ Addition MAKE NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CULY-SI-712 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-70P Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CT1Y-\$1-ZP CITY-ST-ZIP 12. I nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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 affect as if made under cath; that I am an officer or director of the receiver or trustee empowered to execute his 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 DENNIS LESTER 813 299 4489

FILED