

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

03-25-2005 90037 018 ***158.75

DOCUMENT # P04000033316 1. Entity Name LEVI MCKENZIE MASONRY INC					
Principal Place of Business 221 N KENTUCKY AVE DELAND, FL 32724 US			Mailing Address 221 N KENTUCKY AVE DELAND, FL 32724 US		
2. Principal Place of Business 455 Carroll Ave. Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 2141 Suite, Apt. #, etc.			
City & State Deland FL.		City & State Deland FL.		4. FEI Number 54-2144892	
Zip 32720		Country U.S.A		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKENZIE, LEVI G 221 N KENTUCKY AVE DELAND, FL 32724				7. Name and Address of New Registered Agent Name Levi G. McKenzie Street Address (P.O. Box Number is Not Acceptable) 455 Carroll Ave. City Deland FL Zip Code 32720	
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 Levi McKenzie <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKENZIE, LEVI G 221 N KENTUCKY AVE DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Levi McKenzie <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03-22-05 (386)561-8706 <small>Date Daytime Phone</small>	