


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90003 029 ***150.00

DOCUMENT # P04000037097					
1. Entity Name HENRY BRAY PLASTERING, INC.					
Principal Place of Business 6345-20TH ST SOUTH ST PETERSBURG, FL 33712			Mailing Address 6345-20TH ST SOUTH ST PETERSBURG, FL 33712		
2. Principal Place of Business <i>6345-20th St. So</i>			3. Mailing Address <i>6345-20th St. So</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>ST. PETERSBURG FL</i>			City & State <i>ST. PETERSBURG FL</i>		
Zip <i>33712</i> County <i>Pinellas</i>			Zip <i>33712</i> County <i>Pinellas</i>		
6. Name and Address of Current Registered Agent ROWE, JAMES C 770 2ND AVE SOUTH ST PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name <i>James C. Rowe</i> Street Address (P.O. Box Number is Not Acceptable) <i>770</i> <i>770 2nd Ave. So</i> City <i>ST. Petersburg</i> FL Zip Code <i>33701</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			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	PD BRAY, HENRY 6345-20TH ST SOUTH ST PETERSBURG, FL 33712 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Henry Bray</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>July 29, 2004</i> Daytime Phone # <i>727-866-9088</i>		

50063372



07262005 Chg-P CR2E034 (10/03)

4. FEI Number *57940 7538* Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

ATTACHMENT

50063372

Aug. 21, 2005
Mrs. Hoof:

In Reference: 004000037097

In the notice of intent
to dissolve, went on internet
to help with the Card received
in later July 05 and checked
box that said if mailed later
than May 05 and we checked it.

my understanding is I need
to pay \$150.00 to you, and see
if the \$400.00 could be waived.

Thank you

Henry Gray 196

6345-2012 91.50

ST. Pete. Fl 33712

727-866-9088