

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90427 028 \*\*\*158.75

**DOCUMENT # P04000064267**

1. Entity Name  
**BZD MASONRY INC**



Principal Place of Business  
**10325 KERCHCHERR AVENUE  
HASTINGS, FL 32145**

Mailing Address  
**10325 KERCHCHERR AVENUE  
HASTINGS, FL 32145**

**40074423**



2. Principal Place of Business  
**10325 KIRCHHERR AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**10325 KIRCHHERR AVENUE**  
Suite, Apt. #, etc.

04112005 Chg-P CR2E034 (10/03)

City & State  
**HASTINGS FL**  
Zip  
**32145**  
Country  
**SE JORDANS**

City & State  
**HASTINGS FL**  
Zip  
**32145**  
Country

4. FEI Number  
**201013222**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DILULLO, BLAKE Z  
10325 KERCHCHERR AVENUE  
HASTINGS, FL 32145**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	<b>DILULLO, BLAKE Z</b>	
STREET ADDRESS	<b>10325 KERCHCHERR AVENUE</b>	
CITY-ST-ZIP	<b>HASTINGS, FL 32145</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DILULLO, BLAKE Z.</b>	
STREET ADDRESS	<b>10325 KIRCHHERR AVENUE</b>	
CITY-ST-ZIP	<b>HASTINGS, FL 32145</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Blake Z. Dilullo** **428-051386-325-0058**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #