

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90007 019 ***155.00

DOCUMENT # P04000067342

1. Entity Name

SOUTH FLORIDA BRICK & STONE COMPANY



Principal Place of Business

6562 BOCA DEL MAR DR #322
BOCA RATON FL 33433

Mailing Address

6562 BOCA DEL MAR DR #322
BOCA RATON FL 33433

2. Principal Place of Business

101 NW 13 Ave
Suite, Apt. #, etc.

3. Mailing Address

101 NW 13 Ave
Suite, Apt. #, etc.

1000000000



1st MOORE

CR2E034 (10/04)

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

050601941

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

33069

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DORCHAK, KENNETH J
11900 BISCAYNE BLVD STE 310
N MIAMI FL 33181

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT / V.P.
NAME: ANNE HASTINGS
STREET ADDRESS: 10317 W. ROUTE 6
CITY-ST-ZIP: MOKENA, IL 60448 ☐ Delete

TITLE: Sec. / Treas.
NAME: JOSEPH T. BURKE
STREET ADDRESS: 9171 SW 12 DR
CITY-ST-ZIP: MIAMI, FL 33157 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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:

Joseph T. Burke JOSEPH T. BURKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-05 954 7883370