



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90039 001 ***500.00
09-09-2005 90039 002 ****50.00

DOCUMENT # P04000121407 1. Entity Name R & E STONE & MASONRY, INC.																													
Principal Place of Business P.O. BOX 928 LEHIGH ACRES, FL 33970			Mailing Address P.O. BOX 928 LEHIGH ACRES, FL 33970																										
2. Principal Place of Business 4702 Olive Ave South P.O. Box 928		3. Mailing Address P.O. Box 928		 06302005 Chg-P CR2E034 (10/03)																									
Suite, Apt. #, etc. P.O. Box 928		Suite, Apt. #, etc.																											
City & State Lehigh Acres Fla		City & State Lehigh Acres Fla																											
Zip 33971		Zip 33970																											
Country USA		Country USA		4. FEI Number 65-1097832																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent PAEZ, ROBERTO 4702 OLIVE AVE SOUTH LEHIGH ACRES, FL 33971				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
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																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PAEZ, ROBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 928</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LEHIGH ACRES, FL 33970</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	PAEZ, ROBERTO		STREET ADDRESS	P.O. BOX 928		CITY - ST - ZIP	LEHIGH ACRES, FL 33970		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u>Steve Melrose</u> <u>9-5-05</u> <u>239-839-11723</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													