2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2004 8:00 am Secretary of State **DOCUMENT # P93000033079** 1. Entity Name 04-20-2004 90011 016 ***150.00 A. O. B. MASONRY, INC. Principal Place of Business Mailing Address C/O ANTHONY O. BERNABEI C/O ANTHONY O. BERNABEI 54036885 15508 - 62 STREET NORTH 15508 - 62 STREET NORTH **CLEARWATER, FL 34620-2047 CLEARWATER, FL 34620-2047** 2. Principal Place of Business 3. Mailing Address 15201 15aoi Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Clearwate 59-3183036 ✓ Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Dine. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name thony Bernahe: BERNABEI, ANTHONY O Street Address (P.Q. Box Number is Not Acceptable) 15201 GEORGE BLVD CLEARWATER, FL 33760 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE , 🛮 Change ☐ Addition ☑ Delete NAME BERNABEI, ANTHONY O NAME STREET ADDRESS 15201 GEORGE BLVD STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RENAUD, RICHARD J NAME NAME STREET ADDRESS 4837 HARBOR LTS DR N STREET ADDRESS SAINT PETERSBURG, FL 33708 CITY-ST-ZIP CITY-ST-ZIP TITI F Delete DILE ☐ Change ☐ Addition BERNABEI, KEITH A NAME NAME STREET ADDRESS 15508 72ND ST N STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change 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.

CITY-ST-ZIP

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Bernabelt SIGNATURE: