


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90013 024 ***150.00

DOCUMENT # P93000033079					
1. Entity Name A. O. B. MASONRY, INC.					
Principal Place of Business 15201 GEORGE BLVD. CLEARWATER, FL 33760			Mailing Address 15201 GEORGE BLVD. CLEARWATER, FL 33760		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02022005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-3183036	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BERNABEI, ANTHONY O 15201 GEORGE BLVD CLEARWATER, FL 33760				Name BERNABEI, ANTHONY J.	
				Street Address (P.O. Box Number is Not Acceptable) 15201 GEORGE BLVD	
				CLEARWATER, FL 33760	
				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 <u>Anthony J Bernabei</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	P	<input type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNABEI, ANTHONY O			NAME	BERNABEI, ANTHONY J.
STREET ADDRESS	15201 GEORGE BLVD			STREET ADDRESS	15201 GEORGE BLVD
CITY-ST-ZIP	CLEARWATER, FL 33760			CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENAUD, RICHARD J			NAME	
STREET ADDRESS	4837 HARBOR LTS DR N			STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	V/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNABEI, KEITH A			NAME	BERNABEI, KEITH A
STREET ADDRESS	15508 72ND ST N			STREET ADDRESS	15508 72ND ST N
CITY-ST-ZIP	CLEARWATER, FL 33760			CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <u>Anthony J Bernabei</u>				2/17/05 727-531-5341	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	