2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 08:00 AM Secretary of State DOCUMENT # P94000017939 FORSYTHE MASONRY, INC. Principal Place of Business Mailing Address 910 W IDLEWILD 910 W IDLEWILD TAMPA, FL 33604 TAMPA, FL 33604 04252004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0480168 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORYSTHE, ROBERT DO NOT WRITE 910 W IDLEWILD **TAMPA, FL 33604** IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS TITLE

FORSYTHE, ROBERT

910 W IDLEWILD

TAMPA, FL 33604

بأروحتم والمرازا والرارا 05/18/74-83(87-705 150.30

FILED

DO NOT WRITE IN THIS SPACE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR