

**204 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000032524

1. Entity Name
R.G.R. MASONRY, INC.



Principal Place of Business

1241 SW 4TH COURT
BOCA RATON, FL 33432 US

Mailing Address

R.G.R. MASONRY, INC.
1241 SW 4 COURT
BOCA RATON, FL 33432



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0483593
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALAZZO, ANTHONY C
1241 SW 4TH COURT
BOCA RATON, FL 33432

**DO NOT WRITE
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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PALAZZO, ANTHONY C
STREET ADDRESS 1241 SW 4TH COURT
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE VP
NAME PALAZZO, ROSEANN
STREET ADDRESS 1241 SW 4TH COURT
CITY-ST-ZIP BOCA RATON, FL 33432

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100000005376
01/15/04-80050-012 150.00

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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)(j), 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:

Anthony C Palazzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-04
Date

561-339-9682
Daytime Phone #