2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2005 8:00 am Secretary of State

DOCUMENT # P94000085048 1. Entity Name C M MASONRY, INC.								02-03-2005 90036 004 ***150.00					
Principal Place of Business Mailing Address 3130 NE 49TH ST 0CALA, FL 34479 US 0CALA, FL 34479 US								tig kington in s Kalifang da Silandi Kalifang da Silandi	4001184	7 			
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01112005	Chg-P	CR2E0	34 (10/03)		
City & State				City & State				4. FEI Numb			- 	oplied For	
Zip	Country			Zip Country			ĺ		e of Status Desired		\$8.75 Add Fee Require	titional	
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
MORRIS, CHARLES L							Name						
3130 NE 49 ST OCALA, FL 34479						Street Address (P.O. Box Number is Not Acceptable)							
·						City			_		Zip Cod		
The above named entity submits this statement for the purpose of changing its registere										FL	• `		
8. The above the poligat	named entit tions of regis	y submits this stateme tered agent.	ent for the purp	ose of changing its 	register	ed office or re	egistere	ed agent, or be	oth, in the State of Flo	orida. I am t	amiliar with,	and accept	
	L#	1000		\geq					/ =	2/-	25		
SIGNATURE Signature, hyped or printed name of registered againt and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution													
	ay 1, 200								LIGHTANIOEO TO OFF	10550 1115	DIDECTOR		
TITLE	D	OFFICERS.	AND DIRECTO	Delete	11.			ADDITIONS	/CHANGES TO OFF	ICERS AND	Change	Addition	
NAME	MORRIS, CHARLES L			NAM							C) overigo		
STREET ADDRESS				STRE									
CITY-ST-ZIP	OCALA, I	·L		□ Palata		-ST-ZIP					Channa	[7] Addition	
TITLE NAME				Delete	TITL NAM						Change	Addition	
STREET ADDRESS			ET ADDRESS										
CITY-ST-ZIP		**			CITY	-ST-ZIP							
TITLE				☐ Delete	m						☐ Change	Addition	
NAME STREET ADDRESS	4	• • •			NAM	ET ADDRESS					•	ويهد مساوي	
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE				☐ Delete	TITL	li i					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM	EET ADDRESS		•					
CITY-ST-ZIP						-ST-ZIP							
TITLE				☐ Delete	ŦITL	Ē					Change	Addition	
NAME					NAM								
STREET ADORESS CITY-ST-ZIP						EET ADORESS '-ST-ZIP							
TITLE -				☐ Delete	TITE	E					Change ·	Addition	
NAME '	NAM												
STREET ADDRESS CITY-ST-ZIP		•				EET ADDRESS '-ST-ZIP	:						
12 I berehy	Certify that th	e information supplier	t with this filion	does not qualify fo	or the exe	motion state	d in Sec	ction 119.07(3)(i), Florida Statutes	I further cer	tify that the i	ntormation	
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 truystee 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.													
changed	or on an att	achinent with an addr	ess, with all oth	ner like empowered	j	,							