2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000089511

1. Entity Name
GARCIA MASONRY, INC.

Principal Place of Business	Mailing Address
24543 ROCKY ROAD BONITA SPRINGS, FL 34134	P.O. BOX 1344 ESTERO, FL 33928

DO NOT WRITE IN THIS SPACE

07132005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0535970	Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, GABRIEL
24543 ROCKY RD
BONITA SPRINGS, FL 34135

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 _Gabriel Garcia_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

7-18-5
DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

00000003/4/43
07/28/05-80001-008 550.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, GABRIEL
STREET ADDRESS	24543 ROCKY ROAD
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	S
NAME	GARCIA, DIANA
STREET ADDRESS	24543 ROCKY ROAD
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: _Gabriel Garcia_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-05
Date   Daytime Phone #