

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000022915



1. Entity Name  
MINZEY'S SPECIALTY MASONRY, INC.

Principal Place of Business  
2881 6 AVE SE  
NAPLES, FL 34117 US

Mailing Address  
2881 6 AVE SE  
NAPLES, FL 34117 US

|                                |                     |     |         |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address  |     |         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |     |         |
| City & State                   | City & State        |     |         |
| Zip                            | Country             | Zip | Country |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent           |  | 7. Name and Address of New Registered Agent        |  |
| MINZEY, KATHRYN M<br>4810 BISCAYNE DR<br>NAPLES, FL 34112 |  | Name   |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | City <b>FL</b> 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 \_\_\_\_\_ 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 |                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | PD                     | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MINZEY, KENNETH G      |   |   |
| STREET ADDRESS             | 2881 6 AVENUE          |   |   |
| CITY-ST-ZIP                | NAPLES, FL 34117       |   |   |
| TITLE                      | S                      | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MINZEY, NANETTE        |   |   |
| STREET ADDRESS             | 616 104TH AVE          |   |   |
| CITY-ST-ZIP                | NAPLES, FL 34108       |   |   |
| TITLE                      | VPD                    | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MINZEY, THOMAS A       |   |   |
| STREET ADDRESS             | 616 104TH AVENUE NORTH |   |   |
| CITY-ST-ZIP                | NAPLES, FL 34108       |   |   |
| TITLE                      | TD                     | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MINZEY, KATHRYN M      |   |   |
| STREET ADDRESS             | 4810 BISCAYNE          |   |   |
| CITY-ST-ZIP                | NAPLES, FL             |   |   |
| TITLE                      | VP                     | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MINZEY, ROBERT         |   |   |
| STREET ADDRESS             | 1208 ROSEMARY LANE     |   |   |
| CITY-ST-ZIP                | NAPLES, FL 34103       |   |   |
| TITLE                      |                        | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        |   |   |
| STREET ADDRESS             |                        |   |   |
| 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: *Kenneth M. Minze* 4/28/04 238 348-9222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 91245 003 \*\*\*150.00

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02052004 Chg-P CR2E034 (10/03)