

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059597

FILED
Apr 30, 2004
Secretary of State

Entity Name: MASONRY CONSTRUCTION, INC.

Current Principal Place of Business:

18125 US HWY 41 N
SUITE 205 A
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

18125 US HWY 41 N
SUITE 205 A
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-3328927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, FLOYD E JR
1704 CURRY RD
LUTZ, FL 33549

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CAPOCCIA, STEVEN M
Address: 18437 STERLING SILVER CIRCLE
City-St-Zip: LUTZ, FL

Title: S () Delete
Name: CAPOCCIA, ANN M
Address: 18437 STERLING SILVER CIRCLE
City-St-Zip: LUTZ, FL

Title: VP () Delete
Name: FLYNN, FLOYD E JR
Address: 1704 CURRY ROAD
City-St-Zip: LUTZ, FL

Title: P () Delete
Name: FLYNN, KAREN
Address: 1704 CURRY ROAD
City-St-Zip: LUTZ, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLOYD FLYNN

VP

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date