2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 19, 2005 08:00 AM Secretary of State DOCUMENT # P95000079054 1. Entity Name MODERN MASONRY, INC. Principal Place of Business Mailing Address 260 OLD HARD RD. ORANGE PARK FL 32003 260 OLD HARD RD. ORANGE PARK FL 32003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For Clty & State 59-3338647 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLEY, HENRY R 260 OLD HARD RD. Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073** 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. 4 16 05 SIGNATURE. Registered Agent signature required when reinstating) 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 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition NAME KELLEY, HENRY R NAME 000000316230 STREET ADDRESS 260 OLD HARD RD. STREET ACCRESS 04/19/05-80066-015 150.00 CITY-ST-ZIP ORANGE PARK FL 32073 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE TESCHEDDORF, BRUCE W NAME NAME STREET ADDRESS 4022 INGLEWOOD DR. STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP TITLE ☐ Delete DITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY SI-ZIP CITY-ST-7IP ☐ Change ☐ Addition TULLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

FILED