

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000027903

1. Entity Name
TARGET MASONRY, INC.



Principal Place of Business
**1945 NW 18TH ST
BAY A
POMPANO BEACH, FL 33069**

Mailing Address
**1945 NW 18TH ST
BAY A
POMPANO BEACH, FL 33069**



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0649652

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAVENS, SUSAN
1945 NW 18TH ST
POMPANO BEACH, FL 33069**

**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 *Susan Havens* (**SUSAN HAVENS**) **PRESIDENT** **4/20/05**
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, 2005 Fee will be \$550.00**

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

000000333305
04/26/05-80093-017 158.75

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HAVENS, SUSAN**
STREET ADDRESS **1945 NW 18TH ST BAY A**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **D**
NAME **VALLIERES, SHIRLEY**
STREET ADDRESS **1945 NW 18TH ST BAY A**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

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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)(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.

SIGNATURE: *Susan Havens* (**SUSAN HAVENS**) **4/20/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #