## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P960001020 Y MASONRY, INC.	068			Sec	eretar y	oi state
5224 NW 96	e of Business TH DR NGS, FL 33076	Mailing Address 5224 NW 96TH DR CORAL SPRINGS, FL 33076		}			
D	O NOT WRITE	CE	04222005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applicable				
	6. Name and Address of Current R	agletered Agent	T	5. Certificate	of Status Desired		75 Additional Required
3300 UNIV SUITE 806	EDWARD P /ERSITY DRIVE	DO NOT WRITE IN THIS SPACE					
8. The above the obligat	named entity submits this statement for lions of registered agent.	he purpose of changing its registe	ared office or registe	red agent, or both	n, in the State of Flo	orida. I am famil	iar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent en	d litte if applicable. (NOTE: Registe	red Agent signature require	d when reinstaling)	<del> </del>	DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00			.00 May Be ded to Fees	U00000 .04/30/05	1344649 <u>-80004-0</u> 0	) <u>5 150 00                                </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P TINNAT, GORDON 5224 NW 96TH DR CORAL SPRINGS, FL 33076	IRECTORS					er i kuntuuri ja kuntuuri Kantuuri ja kuntuuri ja ku
NAME STREET ADDRESS CITY-ST-ZIP							•
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		. <del> </del>	THEORYTIC AND LIMITED & STY CAN'T CAN'T				· . <del>-</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>						
12. I hereby a indicated of the cor changed	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoyer, or on an attachment with an address, with the contraction of the con	his filing does not qualify for the ex- rue and accurate and that my sign ered to execute this report as req thall other like empowered.	temption stated in S lature shall have the ulred by Chapter 60	ection 119.07(3)(i same legal effect 7, Florida Statute	), Florida Statutes. t as if made under s; and that my nam	I further certify to oath; that I am a e appears in Blo	hat the information n officer or director ock 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🗻

4-25-05

Daytima Phone #