


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000009052</b> 1. Entity Name <b>DONNIE THOMPSON MASONRY INC.</b>	
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>127 DEVIL'S ELBOW RD PALATKA, FL 32177</b>	Mailing Address <b>127 DEVIL'S ELBOW RD PALATKA, FL 32177</b>
----------------------------------------------------------------------------------	----------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



05012004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3419495</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, BETTY  
127 DEVILS ELBOW RD  
PALATKA, FL 32177**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, DONALD 127 DEVIL'S ELBOW RD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP FRENCH, RICHARD P O BOX 266 PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMPSON, BETY 127 DEVIL'S ELBOW RD PALATKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000155187  
05/05/04-80026-008 2100.00

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:** *Betty Thompson* **5/1/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #