

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90342 026 ***150.00

DOCUMENT # P97000009052

1. Entity Name
DONNIE THOMPSON MASONRY INC.



Principal Place of Business
127 DEVIL'S ELBOW RD
PALATKA, FL 32177

Mailing Address
127 DEVIL'S ELBOW RD
PALATKA, FL 32177

50038525



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3419495
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, BETTY
127 DEVILS ELBOW RD
PALATKA, FL 32177

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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 _____

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05

Date

1-386-328-7359

Daytime Phone #