## **2005 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # P97000022756

## **FILED** Apr 04, 2005 08:00 AM Secretary of State

1. Entity Name PRO MASONRY CORPORATION				
Principal Place of Business Mailing Address 926 N PALMWAY 926 N PALMWAY LAKE WORTH, FL 33460 LAKE WORTH, FL 33460				
DO NOT WRITE IN THIS SPACE				02222005 No Chg-P CR2E034 (10/03)  4. FEI Number
6. Name and Address of Current Registered Agent  DIMAIO, HUGH 926 N PALMWAY LAKE WORTH, FL 33460			,	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  Signature, typed or printed name of registered agent and title if applicable  NOTE. Registered Agent signature required when reinstating)  DATE  PILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI P DIMAIO, HUGH 926 N PALMWAY LAKE WORTH, FL 33460	RECTORS		//000000287012 04/04/05-80054-002_150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(-		. –	
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NAME STREET ADDRESS CITY-ST-ZIP			i	IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	public that the information as a line with the	is filing done not comit for the age	motion stated in Se	ection 119.07(3)(i). Florida Statutes. I further certify that the information

Increby certify that the information supplied with this initial coes not qualify for the exemption stated in Section 119.07(3)(f), Fiorida 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-547-1030