


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000052111

1. Entity Name
BRICK MASONS INC.



Principal Place of Business
2241 ST. DUNSTON LANE
MELBOURNE, FL 32935

Mailing Address
2241 ST. DUNSTON LANE
MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3452529

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, TOMMY H
2241 ST. DUNSTON LANE
MELBOURNE, FL 32935

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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: *Tommy H. Adams*
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

U00000295275

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADAMS, TOMMY H
STREET ADDRESS	2241 ST. DUNSTON LANE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	V
NAME	BLOSSOM, JOHN
STREET ADDRESS	914 GOLDEN BCH BLVD
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937
TITLE	S
NAME	FARMER, PATRICK
STREET ADDRESS	1107 STEVEN PATRICK AVE
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/09/05-80021-011 150.00

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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: *Tommy H. Adams* President 4/6/5 (321)254-6184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #