


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90244 009 \*\*\*158.75

DOCUMENT # P97000068234			
1. Entity Name MICKLER'S MASONRY, INC.			
Principal Place of Business 3354 RAULERSON ROAD SAINT AUGUSTINE, FL 32092 US		Mailing Address 16323 52ND ST LIVE OAK, FL 32060	
2. Principal Place of Business		3. Mailing Address 3354 Raulerson Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. St Aug.	
City & State		City & State FL	
Zip	Country	Zip 32092	Country
4. FEI Number 59-3482488		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICKLER, MERLIN H 16323 52ND ST LIVE OAK, FL 32060		7. Name and Address of New Registered Agent Name: Karen L. Raulerson Street Address (P.O. Box Number is Not Acceptable): 3354 Raulerson Rd. City: St Aug. FL Zip Code: 32092	
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: <u>Karen Raulerson</u> DATE: <u>4/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICKLER, MERLIN H	NAME	Raulerson, Karen L.
STREET ADDRESS	16323 52ND ST	STREET ADDRESS	3354 Raulerson Rd
CITY-ST-ZIP	LIVE OAK, FL 32060	CITY-ST-ZIP	St. Aug. FL 32092
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKLER, CONNIE FRANCES	NAME	
STREET ADDRESS	16323 52ND ST	STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL 32060	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAULERSON, CARL D	NAME	
STREET ADDRESS	3354 RAULERSON ROAD	STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Karen Raulerson</u>		Date: <u>4/25/05</u> Daytime Phone #: <u>904-824-4902</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	