

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90677 007 ***150.00

34073034



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3519142	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DOCUMENT # P9800005551

1. Entity Name
ARTISTIC MASONRY, INC.



Principal Place of Business
620 S HAWTHORNE AVE
APOPKA, FL 32703

Mailing Address
620 S HAWTHORNE AVE
APOPKA, FL 32703

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERGUSON, PATRICIA A
25848 PINEHURST STREET
MT. PLYMOUTH, FL 32776

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERGUSON, PATRICIA A
STREET ADDRESS	25848 PINEHURST ST
CITY-ST-ZIP	PLYMOUTH, FL 32776

TITLE	S
NAME	FERGUSON, WALTER L
STREET ADDRESS	25848 PINEHURST ST
CITY-ST-ZIP	PLYMOUTH, FL 32776

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Patricia Ferguson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

president 4-28-04 (352)267-9400