

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90006 019 \*\*\*150.00

**DOCUMENT # P98000071884**

1. Entity Name  
**TETTENBURN MASONRY, INC**



Principal Place of Business

**8676 E HAINES COURT  
FLORAL CITY, FL 34436**

Mailing Address

**PO BOX 1869  
INVERNESS, FL 34451**

**44049732**



**DO NOT WRITE IN THIS SPACE**

07132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3523434**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANGSTEN, ROGER  
P.O. BOX 1869  
4318 S FLORIDA AVE LOT 1  
INVERNESS, FL 34450**

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
TETTENBURN, LES  
8676 E HAINES CT  
FLORAL CITY, FL 34436**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 1 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

Date

Daytime Phone #

*Attachment*  
*44049732*

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6198  
TALLAHASSEE, FL. 32314

07/15/2004

TETTENBURN MASONRY, INC.  
P.O. BOX 1869  
INVERNESS, FL. 34451

Re: renewal of corporate annual report, document #P98000071884.

Dear Division of Corporation:

After receiving the, Notice of Intent to dissolve, letter from the Division of Corporation I called my Accountant and explained what has happened and he reassured me that he filed the 2004 Corporate Annual Report well before the due date. If the Division of Corporation did not receive the report it must have got lost in transit. I have never had this problem before, therefore, I am asking the Florida Department of State to except this second filed report and the \$150.00 filing fee. If there any question please does not hesitate to call at (352) 726-0384 Mon. thru Fri. 9:00 am to noon.

Sincerely,



Les Tettenburn  
President