

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000080201**

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



Principal Place of Business

**12490 81ST STREET  
FELLSMERE, FL 32948**

Mailing Address

**12490 81ST STREET  
FELLSMERE, FL 32948**

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number

**65-0866787**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**REYNOLDS, LORRAINE F  
CROWN PLAZA  
8412 MELALEUCA LANE  
GREENACRES, FL 33463**

**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 7, 2005**

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  
HULLFISH, CLARENCE E  
12490 81 ST  
FELLSMERE, FL 32948**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HULLFISH, TERESA G  
12490 81 ST  
FELLSMERE, FL 32948**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000370212  
07/05/05-80006-021 550.00

**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)(f), 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:**

*Loraine Hullfish* *Teresa Hullfish* Sec. 11-29-05-772-571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #