


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90319 030 ***150.00

DOCUMENT # P99000033480

1. Entity Name
CICERO MASONRY, INC.



Principal Place of Business
**262 CARSWELL AVE
 HOLLY HILL, FL 32117**

Mailing Address
**262 CARSWELL AVE
 HOLLY HILL, FL 32117**

340J0011

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04162004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3566835

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

**CICERO, JOHN M
 311 FLETCHER AVENUE
 DAYTONA BEACH, FL 32114**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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 **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** Delete
 NAME **CICERO, JOHN**
 STREET ADDRESS **311 FLETCHER AVE**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **HYDER, SHARON**
 STREET ADDRESS **311 FLETCHER AVE**
 CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **VP** Change Addition
 NAME **SHARON HYDER**
 STREET ADDRESS **262 CARSWELL AVE**
 CITY-ST-ZIP **HOLLY HILL, FL 32117**

TITLE **V** Delete
 NAME **LYNCH, MELVIN**
 STREET ADDRESS **1768 VALENCIA AVE**
 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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, without other like empowered.

SIGNATURE: John Cicero, President *John Cicero* **4/16/04 386-254-7583**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #