

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90009 021 ***150.00

DOCUMENT # P99000055724

1. Entity Name

DOUG'S MASONRY INC.



Principal Place of Business

**3847 ZION ROAD
JACKSONVILLE FL 32207**

Mailing Address

**3847 ZION ROAD
JACKSONVILLE FL 32207**

54024680



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3583111**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MARIN, DEBORAH
3847 ZION RD.
JACKSONVILLE FL 32207**

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

Deborah Marin owner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **MARIN, DEBORAH**
STREET ADDRESS **3847 ZION RD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **President** ☒ Change ☐ Addition
NAME **Douglas Hackbarth**
STREET ADDRESS **3847 Zion Rd.**
CITY-ST-ZIP **Jacksonville FL 32207**

TITLE **VP** ☐ Delete
NAME **HACKBARTH, DOUGLAS**
STREET ADDRESS **3823 ZION RD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Lilton Williams**
STREET ADDRESS **5350 Arlington Exp Apt 2408**
CITY-ST-ZIP **Jacksonville, FL 32211**

TITLE **ST** ☐ Delete
NAME **WILLIAMS, LILTON**
STREET ADDRESS **5350 ARLINGTON EXPRESSWAY APT 2408**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **ST** ☐ Change ☒ Addition
NAME **Allen Baham**
STREET ADDRESS **6473 Soutel Drive**
CITY-ST-ZIP **Jacksonville, FL 32219**

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, with all other like empowered.

SIGNATURE:

Deborah Marin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #