

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90059 045 ***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**

40009000



1st MOORE

CR2E034 (10/04)

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

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, 2005 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 **HACKBARTH, DOUGLAS**
STREET ADDRESS **3847 ZION RD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VP** ☒ Delete
NAME **WILLIAMS, LILTON**
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** ☐ Delete
NAME **BAHAM, ALLEN**
STREET ADDRESS **6473 SOUDEL DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☒ Addition
NAME **Clinton Rowell**
STREET ADDRESS **3847 Zion Rd.**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **ST** ☒ Change ☒ Addition
NAME **Deborah Marin**
STREET ADDRESS **3847 Zion Rd.**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

1/25/05 *owner* *904-396-9206*

Date

Daytime Phone #