2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)								FILED				
DOCUMENT # P9900060141 1. Entity Name							A	Apr 30, 2005 08:00 AM Secretary of State				
TITUS BO	ONTRAGE	ER MASONRY	INC.		Í				J			
Principal Pla	ce of Busines	s	Mailir	Mailing Address								
1479 MISSION ROAD MARIANNA FL 32448			1479 MAR	1479 MISSION ROAD MARIANNA FL 32448								
2. Principal Place of Business			3. Maj	3. Mailing Address				MILANT SEM ENIIN INIZZE NALLE NA	iti etki etile siii	. 32121 IIII IIIII		
Suite, Apt. #, etc.			Suit	Suite, Apt #, etc.			1:	st MOORE	CR2E034	(10/04)		
City & State				City & State			4. FEI Numi	4. FEI Number 59-3583765 Applied For Not Applicable				
Zrp Country		Zip			try		e of Status Desired		\$8.75 Ad Fee Require			
	6. Name	and Address of Cu	rrent Registere	Registered Agent			7. Name an	d Address of New	Registered	Agent	·-	
BONTRAGER, TITUS 1479 MISSION ROAD MARIANNA FL 32448							ess (P.O. Box Numi	oer is Not Acceptab	ole)	=		
						City		· · · · · · · · · · · · · · · · · · ·	FL			
8. The above the obliga	e named entit itions of regist	y submits this statem tered agent.	ent for the purp	ose of changing its	registere	ed office or reg	istered agent, or bo	oth, in the State of F	lorida. I am	familiar with	, and accept	
SIGNATURE	Signature, typed	or printed name of registere	d agent and title if app	licable (NOTE	Registered	Agent signature rec	quired 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							Mar of Caraca	9. Election Camp Trust Fund Co	-		.00 May Be led to Fees	
10,			AND DIRECTO	 RS	11.		ADDITIONS	I /CHANGES TO OF	FICERS AND	DIRECTOR	RS (N 11	
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NAME	BONTRAG	-			. NAME	I		U00000351189				
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STREET ADDRESS CHY-ST-7IP						TADDRESS ST-7iP						
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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lis John Typed or Printed Name of Signing Officer or Director Bortrager 4-27-05
Signature and Typed or Printed Name of Signing Officer or Director Date 3 Countrie Phone 1, 745