


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 26, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # S16465</b> 1. Entity Name <b>STRINGER MASONRY AND ASSOCIATES, INC.</b>	
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Principal Place of Business <b>236 SPIRIT LAKE RD W WINTER HAVEN, FL 33880 US</b>	Mailing Address <b>492 HEATHER COURT SUITE 1 BARTOW, FL 33830</b>
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01112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3043030</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>STRINGER, RAYMOND L. 492 HEATHER COURT BARTOW, FL 33830</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000197658 01/27/05-80019-015 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRINGER, RAYMOND L. 492 HEATHER CT. BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRINGER, SHIRLEY 492 HEATHER CT. BARTOW, FL
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**DO NOT WRITE  
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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)(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:** *Shirley Stringer Shirley Stringer S/T* **1-27-05 863-264-2807**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #