


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S26517	
1. Entity Name EDWARDS MASONRY, INC.	

Principal Place of Business 4802 NORTH 30TH STREET TAMPA, FL 33610	Mailing Address 4802 NORTH 30TH STREET TAMPA, FL 33610
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3048712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LIGHTBOURN, CISLYN
28821 STORM CLOUD PASS
WESLEY CHAPEL, FL 33543**

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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 _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000126565 04/23/04-80039-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE PVT	NAME EDWARD, LESLIE
STREET ADDRESS 4802 N 30TH ST	
CITY-ST-ZIP TAMPA, FL 33610	
TITLE DS	NAME LIGHTBURN, CISLYN
STREET ADDRESS 28821 STORM CLOUD PASS	
CITY-ST-ZIP WESLEY CHAPEL, FL 33543	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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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 line empowered.

SIGNATURE:  **4.20.04 813.239.3405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #