


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90110 018 \*\*\*150.00

<b>DOCUMENT # S54479</b> 1. Entity Name <b>DAUGHERTY'S GULF COAST MASONRY INCORPORATED</b>					
Principal Place of Business <b>6723 STATE ROAD 54 NEW PORT RICHEY, FL 34653 US</b>			Mailing Address <b>6723 STATE ROAD 54 NEW PORT RICHEY, FL 34653 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3066849</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAUGHERTY, VIRGINIA 4909 MUSSELSHELL DR. NEW PORT RICHEY, FL 34655</b>			7. Name and Address of New Registered Agent Name <b>JOHN A. DAUGHERTY</b> Street Address (P.O. Box Number is Not Acceptable) <b>6723 STATE ROAD 54</b> City <b>NEW PORT RICHEY FL</b> Zip Code <b>34653</b>		
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 <u><i>John A. Daugherty</i></u> <u><i>John A. Daugherty</i></u> <u><i>3/8/05</i></u> <small>(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when registering) DATE</small>					
<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"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAUGHERTY, JOHN A. 4909 MUSSELSHELL DR. NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DAUGHERTY, VIRGINIA 4909 MUSSELSHELL DR. NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>John A. Daugherty</i></u> <u><i>John A. Daugherty</i></u> <u><i>3/8/05</i></u> <u><i>(727) 849-1916</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					