

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V31568

FILED
Apr 27, 2004
Secretary of State

Entity Name: TOM RAWN MASONRY, INC.

Current Principal Place of Business:

3921 DELLWOOD BLVD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

8211-6 BAMA LANE
WEST PALM BEACH, FL 33411

Current Mailing Address:

3921 DELLWOOD BLVD
LOXAHATCHEE, FL 33470

New Mailing Address:

8211-6 BAMA LANE
WEST PALM BEACH, FL 33411

FEI Number: 65-0332430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAWN, TOM L
3921 DELLWOOD BLVD.
LOXAHATCHEE, FL 33470

Name and Address of New Registered Agent:

RAWN, TOM L
8211-6 BAMA LANE
WEST PALM BEACH, FL 33411

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.

SIGNATURE:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAWN, TOM L,
Address: 3921 DELLWOOD BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD (X) Delete
Name: RAWN, DEBRA C,
Address: 3921 DELLWOOD BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAWN, TOM L,
Address: 8211-6 BAMA LANE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM L. RAWN

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date