

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46257

FILED
Jan 12, 2005
Secretary of State

Entity Name: SOUTHERN STRUCTURES MASONRY, INC.

Current Principal Place of Business:

4358 SW CALAH CIR.
PT ST LUCIE, FL 34953 US

New Principal Place of Business:

1600 TROWBRIDGE RD.
FT. PIERCE, FL 34945 US

Current Mailing Address:

4358 SW CALAH CIR.
PT ST LUCIE, FL 34953 US

New Mailing Address:

1600 TROWBRIDGE RD.
FT. PIERCE, FL 34945 US

FEI Number: 65-0361026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSONS, MILES E.
4358 S.W. CALAH CIRCLE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

PARSONS, MILES E.
1600 TROWBRIDGE RD.
FT. PIERCE, FL 34945 US

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: MILES E. PARSONS

01/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARSONS, MILES E,
Address: 4358 SW CALAH CIR
City-St-Zip: PT ST LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARSONS, MILES E
Address: 1600 TROWBRIDGE RD.
City-St-Zip: FT. PIERCE, FL 34945

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: MILES E. PARSONS

P

01/12/2005

Electronic Signature of Signing Officer or Director

Date