

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR 22 PM 4:40



<b>DOCUMENT # 831096</b> 1. Entity Name <b>MASONITE CORPORATION</b>					
Principal Place of Business <b>1 N. DALE MABRY #950 TAMPA, FL 33609</b>		Mailing Address <b>1 N. DALE MABRY #950 TAMPA, FL 33609</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>64-0198020</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MACLSACE, STEVE 1 N DALE MABRY #950 TAMPA, FL 33609</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ORSINO, PHILIP 1600 BRITANNIA RD. E MISSISSAUGA, ON, 14w 1j2</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D <b>Morrison, Hames U. 1 N. Dale Mabry Hwy, #950 Tampa, FL 33609</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <b>ULSTER, HARLEY 1600 BRITANNIA RD. E MISSISSAUGA, ON, 14w 1j2</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500030899225</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <b>TUBBESING, ROBERT 1600 BRITANNIA RD. E MISSISSAUGA, ON, 14w 1j2</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V & D <b>Maclsaac, Steve 1 N. Dale Mabry Hwy, #950 Tampa, FL 33609</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>Bernards, Paul 1600 Britannia Rd. E Mississauga, Ontario L4W 1J2</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AS <b>Ellis, Daniel G. 1 N. Dale Mabry Hwy, #950 Tampa, FL 33609</b>	<input type="checkbox"/> Change <input checked="" 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: _____		Steve Maclsaac, Vice President		March 17, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 513607 4303940

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : \$ 150.00

ORDER DATE : March 22, 2004

ORDER TIME : 3:15 PM

ORDER NO. : 513607-010

CUSTOMER NO: 4303940

CUSTOMER: Ms. Kathleen Wheeler  
Holland & Knight Llp  
Suite 4100  
100 North Tampa Street  
Tampa, FL 33602

RECEIVED  
04 MAR 22 PM 4:15  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MASONITE CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: \_\_\_\_\_