

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831096

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: MASONITE CORPORATION

**Current Principal Place of Business:**

1 N. DALE MABRY  
#950  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

1 N. DALE MABRY  
#950  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 64-0198020      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACLSACE, STEVE  
1 N DALE MABRY  
#950  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MORRISON, HAMES U  
Address: 1 N. DALE MABRY HWY.#950  
City-St-Zip: TAMPA, FL 33609

Title: VS ( ) Delete  
Name: ULSTER, HARLEY  
Address: 1600 BRITANNIA RD. E  
City-St-Zip: MISSISSAUGA, ON, L4W 1J2

Title: VPTD ( ) Delete  
Name: TUBBESING, ROBERT  
Address: 1600 BRITANNIA RD. E  
City-St-Zip: MISSISSAUGA, ON, L4W 1J2

Title: VD ( ) Delete  
Name: MACLSAAC, STEVE  
Address: 1 N.DALE MABRY HWY,#950  
City-St-Zip: TAMPA, FL 33609

Title: V ( ) Delete  
Name: BERNARDS, PAUL  
Address: 1600 BRITANNIA RD. E  
City-St-Zip: MISSISSAUGA,ONTARIO L4W1J2, OC

Title: VAS ( ) Delete  
Name: ELLIS, DANIEL G  
Address: 1 N.DALE MABRY HWY, #950  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MORRISON, JAMES U  
Address: 1 N. DALE MABRY HWY.#950  
City-St-Zip: TAMPA, FL 33609

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

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

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

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

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: STEVE MACISAAC

V

03/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date