

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90056 017 ***150.00

DOCUMENT # F05000000629

1. Entity Name
SUNBELT MASTER CONTRACTORS, INC.



Principal Place of Business
**2111 N. INTERSTATE 35, BUILDING #2
 CARROLLTON, TX 75006**

Mailing Address
**2111 N. INTERSTATE 35, BUILDING #2
 CARROLLTON, TX 75006**



2. Principal Place of Business - No P.O. Box #
604 North Central Expressway

3. Mailing Address
906 Mar Walt Dr.

Suite, Apt. #, etc.
Suite A **Suite D**

G5012007 Chg-P CR2E034 (12/06)

City & State
Allen, TX **Fort Walton Beach, FL**

4. FEI Number
11-3694940

Applied For
 Not Applicable

Zip
76013 **USA**

Zip
32547 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MORRELL, ROBERT F
184 NORTHEAST EGLIN PKWY
FORT WALTON BEACH, FL 32548

typo

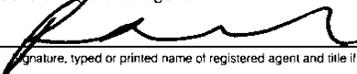
7. Name and Address of New Registered Agent

Name **Robert F. Norrell**

Street Address (P.O. Box Number is Not Acceptable)
906 Mar Walt Drive, Suite D

City **Fort Walton Beach** **FL** Zip Code **32547**

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  DATE **5-1-2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

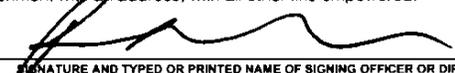
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORRELL, LARRY G 211 N INTERSTATE 35, BUILDING #2 CARROLLTON, TX 75006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTLER, JACK A 211 N INTERSTATE 35, BUILDING #2 CARROLLTON, TX 75006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NORRELL, ROBERT F 211 N INTERSTATE 35, BUILDING #2 CARROLLTON, TX 75006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 604 N. Central Expressway, Ste A Allen, TX 76013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 604 N. Central Expressway, Ste A Allen, TX 76013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 906 Mar Walt Drive, Suite D Ft. Walton Beach, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE **5-1-2007** DAYTIME PHONE # **850-226-6805**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR