

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000131824

1. Entity Name  
MASTER'S TOUCH OF JACKSON COUNTY, INC.



Principal Place of Business  
1193 HARVEST RIDGE  
MARIANNA, FL 32448

Mailing Address  
P. O. BOX 5903  
MARIANNA, FL 32447



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 16-1688451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DURAND, EUGENE W  
1193 HARVEST RIDGE  
MARIANNA, FL 32448

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UN0000781138  
01/11/06-80041-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DURAND, EUGENE W
STREET ADDRESS	P. O. BOX 5903
CITY-ST-ZIP	MARIANNA, FL 32447

TITLE	VP
NAME	DURAND, EUGENE W
STREET ADDRESS	P. O. BOX 5903
CITY-ST-ZIP	MARIANNA, FL 32447

TITLE	TR
NAME	DURAND, EUGENE W
STREET ADDRESS	P. O. BOX 5903
CITY-ST-ZIP	MARIANNA, FL 32447

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Eugene W. Durand  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-06

Date

8504827566

Daytime Phone #