


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 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

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1688451

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DURAND, EUGENE W
1193 HARVEST RIDGE
MARIANNA, FL 32448

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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, 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	P DURAND, EUGENE W P. O. BOX 5903 MARIANNA, FL 32447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DURAND, EUGENE W P. O. BOX 5903 MARIANNA, FL 32447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DURAND, EUGENE W P. O. BOX 5903 MARIANNA, FL 32447
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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 1-5-07 850-482-7866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EUGENE W. DURAND