


**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

**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, 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000580075  
01/10/07-80033-003 150.00

**DO NOT WRITE 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 1-5-07 850-482-7866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EUGENE W. DURAND