


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90412 003 \*\*\*150.00

DOCUMENT # P04000012945			
1. Entity Name MASTER BUILDERS & COMPANY, INC			
Principal Place of Business RT 9 BOX 632 WALTER AVENUE LAKE CITY, FL 32024 US		Mailing Address P O BOX 584 LAKE CITY, FL 32056 US	
2. Principal Place of Business <b>611 SW Walter Ave.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Lake City, FL</b>		City & State	
Zip <b>32024</b> Country <b>US</b>		Zip Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLANK, DAVID W RT 9 BOX 632 WALTER AVE LAKE CITY, FL 32024		Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>611 SW Walter Avenue</b> City <b>Lake City</b> FL Zip Code <b>32024</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANK, DAVID W RT 9 BOX 632 LAKE CITY, FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Same</b> <b>611 SW Walter Avenue</b> <b>Lake City, FL 32024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 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: <b>Dave W. Blank</b>		DAVE W. BLANK <b>4-29-05</b> <b>386-377-3388</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	