

FILED
May 05, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | |
|---|---|
| DOCUMENT # P04000012945 1. Entity Name MASTER BUILDERS & COMPANY, INC |  |
|---|---|

| | |
|--|---|
| Principal Place of Business 611 SW WALTER AVE. LAKE CITY, FL 32024 US | Mailing Address P O BOX 584 LAKE CITY, FL 32056 US |
|--|---|



05012008 No Chg-P CR2E034 (11/05)

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| | | | |
|---|--|-------------|----------------|
| 4. FEI Number 05-0594965 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> | Applied For | Not Applicable |
| Applied For | | | |
| Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

6. Name and Address of Current Registered Agent

BLANK, DAVID W
 611 SW WALTER AVENUE
 LAKE CITY, FL 32024

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------|
| TITLE | P |
| NAME | BLANK, DAVID W |
| STREET ADDRESS | 611 SW WALTER AVENUE |
| CITY-ST-ZIP | LAKE CITY, FL 32024 |
| 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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 06/02/08-80053-015 150.00

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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: David W. Blank 5-1-08 386-397-3388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #