

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

|                                                                             |                                                                                   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # S99160</b><br>1. Entity Name<br>MASTERPIECE ENTERPRISES, INC. |  |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                    |                                                        |
|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business<br>PO BOX 7731<br>TAMPA, FL 33673-7731 | Mailing Address<br>PO BOX 7731<br>TAMPA, FL 33673-7731 |
|--------------------------------------------------------------------|--------------------------------------------------------|



02252004 No Chg-P CR2E034 (10/03)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3095943 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

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

SMITH, KAREN B.  
510 W. VIRGINIA AVE  
TAMPA, FL 33603

**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

*Karen B Smith*  
Signature, types or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/21/2004*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                                                    |                                                              |
|----------------------------------------------------|--------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | COO<br>GUMBS, BERESFORD S<br>4701 E. HANNA AVE.<br>TAMPA, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>SMITH, KAREN B<br>510 W. VIRGINIA AVE<br>TAMPA, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                              |

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03/26/04-80034-014 150.00

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IN THIS SPACE**

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, without otherwise empowered.

SIGNATURE:

*Karen B Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/21/2004*

Date

*(813) 225-1708*

Daytime Phone #