

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90004 035 ***150.00

DOCUMENT # P97000086834

1. Entity Name

MASTERPIECE HOMES & PROPERTIES, INC.



Principal Place of Business

**300 TREEMONTE DR.
ORANGE CITY, FL 32763**

Mailing Address

**PO BOX 740618
ORANGE CITY, FL 32774**

40107000



05202008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3480482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAZLER, ROBERT 300 TREEMONTE DR ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VESEY, MIKE 3333 STREET ROAD BENSALEM, PA 19020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARVER, JOHN T 300 TREEMONTE DR ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLEANS, JEFFREY 333 STREET ROAD BENSALEM, PA 19020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/VP Garry Herdler 3333 Street Road, Ste. 101 Bensalem PA 19020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Garry Herdler
GARRY HERDLER

May 23/08 (25) 245-7500
Date Daytime Phone