


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 521818 1. Entity Name FIVE MASTER'S CORPORATION																																																																																																																	
Principal Place of Business 178 CUE LAKE DR HAWTHORNE FL 32640 US			Mailing Address 178 CUE LAKE DR HAWTHORNE FL 32640 US																																																																																																														
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City & State 		City & State 																																																																																																															
Zip 		Country 		4. FEI Number 59-2519842																																																																																																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																																																																																																															
6. Name and Address of Current Registered Agent RICHARDSON, CHARLES 178 CUE LAKE DR HAWTHORNE FL 32640			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																														
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PT</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RICHARDSON, THERESA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>178 CUE LAKE RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HAWTHORNE FL 32640</td> <td><i>O.K</i></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FLYNN, FRANCIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P O BOX 57</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MELROSE FL 32666</td> <td><i>O.K</i></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">U000000047439</td> <td style="width: 10%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>02/12/04-80039-027 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>U000000047439</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>02/12/04-80039-028 8.75</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PT	<input type="checkbox"/> Delete	NAME	RICHARDSON, THERESA		STREET ADDRESS	178 CUE LAKE RD		CITY - ST - ZIP	HAWTHORNE FL 32640	<i>O.K</i>	TITLE	S	<input type="checkbox"/> Delete	NAME	FLYNN, FRANCIS		STREET ADDRESS	P O BOX 57		CITY - ST - ZIP	MELROSE FL 32666	<i>O.K</i>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	U000000047439	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	02/12/04-80039-027 150.00		STREET ADDRESS			CITY - ST - ZIP			TITLE	U000000047439	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	02/12/04-80039-028 8.75		STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <i>Theresa Richardson</i> (PRES.) <i>2/11/2004-352-4751247</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																	