


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90077 009 \*\*\*150.00

<b>DOCUMENT # F01000002919</b>		
1. Entity Name MAS-VSD, INC.		

Principal Place of Business 133 N. FT. HARRISON AVENUE CLEARWATER, FL 33755	Mailing Address 133 N. FT. HARRISON AVENUE CLEARWATER, FL 33755
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2. Principal Place of Business 1105 Schrock Road Suite, Apt. #, etc. Suite 206	3. Mailing Address 1105 Schrock Road Suite, Apt. #, etc. Suite 206
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City & State Columbus, OH	City & State Columbus, OH	4. FEI Number 31-1175457	Applied For <input type="checkbox"/> Not Applicable
Zip 43229	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



01282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent WINTERS, ELISE K 133 N FT HARRISON AVE CLEARWATER, FL 33755		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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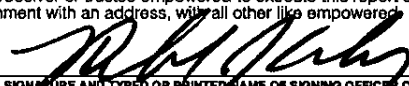
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WHALEY, RICHARD J 1105 SCHROCK ROAD, SUITE 206 COLUMBUS, OH 43229 <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	VSD MCVAY, THOMAS D 1105 SCHROCK ROAD, SUITE 206 COLUMBUS, OH 43229 <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	VASD DEAN, DENNIS E 140 ISLAND WAY, #230 CLEARWATER, FL 33767 <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	AS WINTERS, ELISE K 133 N FT HARRISON AVE CLEARWATER, FL 33755 <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
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:  4-15-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #