

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90296 032 \*\*\*150.00

**DOCUMENT # F34424**

1. Entity Name

THE MASTER CRAFTSMEN, INC.



Principal Place of Business

8181 NW 91 TERR  
BAY 5  
MEDLEY FL 33166-2135

Mailing Address

~~8181 NW 91 TERR~~  
~~BAY 5~~  
~~MEDLEY FL 33166-2135~~

2. Principal Place of Business

3. Mailing Address

6190 Woodlands Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 518

City & State

City & State

TAMARAC FLORIDA

Zip

Country

Zip

Country

33319

U.S.A.



MOORE

CR2E034 (11/03)

4. FEI Number

59-2094967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STORN, ANTHONY J., ESQ  
8603 SO DIXIE HWY, STE 302  
MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**After May 1, 2004, Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME CARPENTER, STEPHEN E.  
STREET ADDRESS 8181 NW 91 TERR BAY 5  
CITY-ST-ZIP MEDLEY FL 33166-2135

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME CARPENTER, PATRICIA T  
STREET ADDRESS 8181 NW 91 TERR BAY 5  
CITY-ST-ZIP MEDLEY FL 33166-2135

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #