


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90673 020 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # F97000003914 1. Entity Name MASTERS INTERNATIONAL INC. | | | |  | |
| Principal Place of Business 1905 S. FLORIDA AVENUE LAKELAND, FL 33803 | | | Mailing Address 1905 S. FLORIDA AVENUE LAKELAND, FL 33803 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 13-3798020 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent HAMIC, STEVE 1905 S. FLORIDA AVENUE LAKELAND, FL 33803 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LAWSON, MARK CRAWFORD HURST GROVE SANDFORD LANE HURST, BERKSHIRE, ENGLAND, RG10-5Q | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Hamie, Steve 1905 S. Florida Ave. Lakeland, FL 33803 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DUVENAGE, STEPHANUS J 1905 S FLORIDA LAKELAND, FL 33803 | | TITLE 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 428-04 863-682-5151 Date Daytime Phone # | | |