


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90114 004 ***150.00

DOCUMENT # F98000005533	
1. Entity Name CARDEL MASTER BUILDER, INC.	


Principal Place of Business 8804 SHALLOWCREEK LANE RIVERVIEW, FL 33569	Mailing Address 8804 SHALLOWCREEK LANE RIVERVIEW, FL 33569
--	--

2. Principal Place of Business - No P.O. Box # 3160 S. Falkenburg Road	3. Mailing Address 3160 S. Falkenburg Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Riverview, Florida	City & State Riverview, Florida
Zip 33569	Country US
Zip 33569	Country US

6. Name and Address of Current Registered Agent CORLESS, THEODORE A CORLESS & ASSOCIATES, PLC 4016 HENDERSON BLVD. TAMPA, FL 33629	
--	--

7. Name and Address of New Registered Agent Name Todd V. Mackey Street Address (P.O. Box Number is Not Acceptable) Attorney Todd V. Mackey, P.L. 633 West Lumsden Road City Brandon FL Zip Code 33511	
---	--

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 	DATE 01/02/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OCKEY, RYAN 6010 12TH STREET S.E. CALGARY ALBERTA T2H 2X2. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OCKEY, DELAINE 6010 12TH ST. SE CALGARY ALBERTA. t2h2x2 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OCKEY, CARYL 6010 12TH ST. SE CALGARY ALBERTA. t2h2x2 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: 	DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	