


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # G13457 1. Entity Name MASTER TAXIDERMY STUDIO, INC.	
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Principal Place of Business
**106 W. MCKEY STREET
%BARTOLETTI, JOHN C.
OCOE, FL 34761**

Mailing Address
**106 W. MCKEY STREET
%BARTOLETTI, JOHN C.
OCOE, FL 34761**



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2251893	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

**BARTOLETTI, JOHN C.
106 W MCKEY ST
OCOE, FL 34761**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTOLETTI, JOHN C. 106 W MCKEY ST OCOE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARTOLETTI, JUDY K. 106 W MCKEY ST OCOE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/12/08-80017-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Judy K. Bartoletti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 *407-686-7473*
Date Daytime Phone #

Judy K. Bartoletti