

ANNUAL REPORT (AR)

DOCUMENT # H59083

1. Entity Name

MASTERWORK STUDIOS, INC.



FILED
Mar 15, 2007 08:00 AM
Secretary of State



Principal Place of Business

 4653 19TH ST CT E
 BRADENTON FL 34203
 US

Mailing Address

 4653 19TH ST CT E
 BRADENTON FL 34203
 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-1522397

Applied For

Not Applicable

Zip

Country

Zip

Country

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

 MARTIN, DENNIS
 4128 PINAR DR
 BRADENTON FL 34207

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

 TITLE P
 NAME MARTIN, DENNIS ☐ Delete
 STREET ADDRESS 4128 PINAR DR
 CITY- ST- ZIP BRADENTON FL 34207

 TITLE S
 NAME MARTIN, LESLIE A ☐ Delete
 STREET ADDRESS 4128 PINAR DR
 CITY- ST- ZIP BRADENTON FL 34207

 TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY- ST- ZIP

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 CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 STREET ADDRESS
 CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DENNIS F. MARTIN

3-13-07

941-708-0977