

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # H81234

1. Entity Name
MASTERCUT TOOL CORP.



Principal Place of Business

**965 HARBOR LAKE DR
PO BOX 902
SAFETY HARBOUR, FL 34695**

Mailing Address

**965 HARBOR LAKE DR
PO BOX 902
SAFETY HARBOUR, FL 34695**



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2587199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHALULY, MICHAEL A.
2499 MEANDER LANE
SAFETY HARBOUR, FL 34695**

**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 reinstating)

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**

**U00000844111
03/12/08-80022-025 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SHALULY, MICHAEL A.
2499 MEANDER LANE
SAFETY HARBOR, FL 34695**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/S
SHULULY, MARIE T
2499 MEADER LANE
SAFETY HARBOR, FL 34695**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Feb 7, 2008