





**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # K34964 1. Entity Name MASTER'S MARINE CENTER, INC.			
Principal Place of Business 1440 NE 130TH ST N MIAMI, FL 33161 US		Mailing Address 1440 NE 130TH ST N MIAMI, FL 33161 US	
DO NOT WRITE IN THIS SPACE			
		02012005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2821201	Applied For (Not Applicable)
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASTERSON, JOHN B. 11525 SW MEADOWLARK CIRCLE STUART, FL 34997		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:  4-29-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 10/00034964 05/12/05-80010-004 158.75			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		DO NOT WRITE IN THIS SPACE	
TITLE	PD		
NAME	MASTERSON, JOHN B.		
STREET ADDRESS	11525 SW MEADOWLARK CIRCLE		
CITY-ST-ZIP	STUART, FL 34997		
TITLE			
NAME			
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CITY-ST-ZIP			
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:  4-29-05 305-891-1236 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			