2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

1405 863675-3128

| 1. Entity Nam | MENT # K81706 MAS GRADER SERVICE, INC. | | | Secretary of Sta | ate |
|---|--|--|--|---|------------------------|
| Principal Plac 144 CALHOU LABELLE, FL | IN STREET1 | ailing Address 44 CALHOUN STREET ABELLE, FL 33935 | | - | |
| | | T | <u> </u> | 03112005 No Chg-P CR2E034 (10/03) | |
| DO NOT WRITE IN THIS SPACE | | | | 4. FEI Number Applied F 65-0134965 Not Applie 5. Certificate of Status Desired S8.75 Additional Fee Required | icable |
| 144 CALH | 6. Name and Address of Current Regis AS, EDWARD OUN STREET FL 33935 | tered Agent | | 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 | | | | | |
| After M | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campalgn Finar Trust Fund Contribution. | nding \$5. | 5.00 May Be ided to Fees | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHRISTMAS, EDWARD 144 CALHOUN STREET LABELLE, FL STD CHRISTMAS, MARY RUTH 144 CALHOUN STREET LABELLE, FL | CTORS | } | U00000318361 04/20/05-80056-017 150.00 | 0 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | DO NOT WRITE IN THIS SPACE | j |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | The second secon | | IN THIS SPACE | |
| STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | ,77 · · · · · · · · · · · · · · · · · · | - |
| 12. I hereby of indicated of the corchanged, | earity that the information supplied with this fi on this report or supplemental report is true; or poration or the receiver or trustee empowerer or on an attachment with an address, with all | ling does not qualify for the exer and accurate and that my signal to execute this report as require other like empowered. | nption stated in Secure shall have the s red by Chapter 607 | section 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director, Florida Statutes; and that my name appears in Block 10 or Block | ifon ictor 11 if |