2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # L82301

1. Entity Name

MAS PRODUCTION COMPANY OF CENTRAL FLORIDA, INC.



FILED Jan 13, 2006 08:00 AM Secretary of State

Principal Place of Business

P.O. BOX 1487 BUNNELL, FL 32110 Mailing Address P.O. BOX 1487 BUNNELL, FL 32110



DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3021276 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNER, TIMOTHY J 2 JUNGLE HUT RD. STE. 1 PALM COAST, FL 32137

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		}		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered office	e or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, type-dior printed name of registered agent and title	if applicable DYOTF Registered Agent sky	mature required when reinstating)	DATE · · · =
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000385910 01/18/06-80036-005 150.00
10.	OFFICERS AND DIREC	CTORS		
HTLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEETS, MARVIN P.O. BOX 1487 BUNNELL, FL 32110			·
TITLE	:			

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CITY-ST-ZIP	BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CHY-SI-ZIP	
title Mame Street adoress Sity-St-Zip	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	
TITLE NAME STREET ADDRESS CITY: ST-ZIP	
TITLE NAME STREET ADDRESS CHY-SJ-ZIP	
12. (hereby	certify that the information supplied with this filling does not qualify for the ex-

indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under outh, 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:	Ma	ee .	Ma
ľ	SIGNATURE AND TYPE	O OR PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR

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