2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N07000010246

Entity Name: MASQUE AND GAVEL, INC.

Current Principal Place of Business:

1753 PINECONE WAY
LARGO, FL 33771

New Principal Place of Business:

540 S. HERCULES AVENUE
CLEARWATER, FL 33764

Current Mailing Address:

1753 PINECONE WAY
LARGO, FL 33771

New Mailing Address:

FEI Number: 01-0627110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMILTON, JOHN
1753 PINECONE WAY
LARGO, FL 33771 US

Name and Address of New Registered Agent:

WARREN, BRYAN J
1619 CAMBRIDGE DRIVE
CLEARWATER, FL 33756 US

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.

SIGNATURE: BRYAN J. WARREN 01/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAMILTON, JOHN
Address: 1753 PINECONE WAY
City-St-Zip: LARGO, FL 33771

Title: VP ( ) Delete
Name: SHORE, SCOTT
Address: 1986 HIDDEN SPRINGS PLACE
City-St-Zip: CLEARWATER, FL 33756

Title: T ( ) Delete
Name: WARREN, BRYAN
Address: 1619 CAMBRIDGE DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: S ( ) Delete
Name: DAIKER, LORI
Address: 1624 EDEN COURT
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN J. WARREN T 01/16/2009
Electronic Signature of Signing Officer or Director Date