

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010246

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** MASQUE AND GAVEL, INC.

**Current Principal Place of Business:**

540 S. HERCULES AVENUE  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

1454 AMBASSADOR DRIVE  
CLEARWATER, FL 33764

**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:**

BRYAN, AMY W  
1454 AMBASSADOR DRIVE  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

**Title:** T  
**Name:** BRYAN, AMY W  
**Address:** 1454 AMBASSADOR DRIVE  
**City-St-Zip:** CLEARWATER, FL 33764

I hereby 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 all other like empowered.

**SIGNATURE:** AMY W. BRYAN

MRS.

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date