

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90217 039 \*\*\*150.00

**DOCUMENT # P00000024628**

1. Entity Name  
**OLD WORLD MASTER BUILDERS, INC.**



Principal Place of Business  
**4505 WILKINSON ROAD  
SARASOTA, FL 34231**

Mailing Address  
**4505 WILKINSON ROAD  
SARASOTA, FL 34231**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3638051**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MACKSEY, TIMOTHY P  
4505 WICKINSON RD  
SARASOTA, FL 34233**

7. Name and Address of New Registered Agent

Name **MACKSEY, TIMOTHY P.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4505 WILKINSON RD.**  
City **SARASOTA** FL **34233**

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

*Timothy P. Macksey*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/5/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete  
NAME **MACKSEY, TIMOTHY P**  
STREET ADDRESS **4505 WILKNISON RD**  
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **PST** ☐ Delete  
NAME **MACKSEY, TIMOTHY P**  
STREET ADDRESS **2521 WATERVIEW COURT**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Change ☐ Addition  
NAME **MACKSEY TIMOTHY P.**  
STREET ADDRESS **4505 WILKINSON RD.**  
CITY-ST-ZIP **SARASOTA, FLA. 34233**

TITLE **PST** ☐ Change ☐ Addition  
NAME **MACKSEY TIMOTHY P**  
STREET ADDRESS **4505 WILKINSON RD**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

*Timothy P. Macksey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/07**

**941-9267676**

Daytime Phone #