

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000090280

1. Entity Name
MASONITE DOOR CORPORATION



FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 MAR 22 PM 4:40

Principal Place of Business
ONE NORTH DALE MABRY HWY.
SUITE 940
TAMPA, FL 33609

Mailing Address
ONE NORTH DALE MABRY HWY.
SUITE 940
TAMPA, FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152004

Chg-P

CR2E034 (10/03)

4. FEI Number
38-1422703

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACISACC, STEVE
ONE NORTH DALE MABRY HWY.
SUITE 940
TAMPA, FL 33609

Name
MacIsaac, Steve
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CS ORSINO, PHILIP S 1600 BRITANNIA RD. E. MISSISSAUGA ONTARIO L4W1JA, <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MACISAAC, STEVEN 1 NORTH DALE MABRY, #940 TAMPA, FL 33609 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD ULSTER, HARLEY 1600 BRITANNIA RD. E. MISSISSAUGA, ONTARIO L4W1JA, <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TUBBENING, ROBERT 1600 BRITANNIA ROAD E MISSISSAUGA, ONTARIO, i4w 152 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Repar, Lawrence 1 N. Dale Mabry, #950 Tampa, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700030899207 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | remove the D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V & D Morrison, James U. 1 N. Dale Mabry, #950 Tampa, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Rabe, James 1 N. Dale Mabry, #950 Tampa, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve MacIsaac, Vice President

March 17, 2004

Date

813-877-2726

Daytime Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 513607 4303940

AUTHORIZATION : *Patricia Pigatto*

COST LIMIT : \$ 150.00

ORDER DATE : March 22, 2004

ORDER TIME : 3:13 PM

ORDER NO. : 513607-005

CUSTOMER NO: 4303940

CUSTOMER: Ms. Kathleen Wheeler
Holland & Knight LLP
Suite 4100
100 North Tampa Street
Tampa, FL 33602

ANNUAL REPORT FILING

NAME: MASONITE DOOR CORPORATION

RECEIVED
04 MAR 22 PM 4:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____