


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000011260	
1. Entity Name MASTONE CONSULTING, INC.	

Principal Place of Business 2962 WILLOW BAY TERR CASSELBERRY, FL 32707	Mailing Address 2962 WILLOW BAY TERR CASSELBERRY, FL 32707
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DO NOT WRITE IN THIS SPACE



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3696220	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D THOMAS, TONY P 2962 WILLOW BAY TERR CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY ST ZIP	T THOMAS, ANGELA M 2962 WILLOW BAY TERRACE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY ST ZIP	P THOMAS, TONY 2962 WILLOW BAY TERR CASSELBERRY, FL 32707
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TITLE NAME STREET ADDRESS CITY ST ZIP	

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IN THIS SPACE**

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04/02/04-80016-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Angela M. Thomas</u>	Date: <u>4/1/04</u>	Daytime Phone #: <u>686 9650</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		