

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000100120

1. Entity Name
MASTERCRAFT ENGRAVING, INC.



**FILED
Jan 20, 2005 08:00 AM
Secretary of State**

Principal Place of Business
1240 WALNUT ST
JACKSONVILLE, FL 32206

Mailing Address
1240 WALNUT ST
JACKSONVILLE, FL 32206



DO NOT WRITE IN THIS SPACE

01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3749165	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required

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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

James E Gully Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

1-17-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME GULLY, JAMES
STREET ADDRESS 1240 WALNUT ST
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE V
NAME GULLY, CHRISTY
STREET ADDRESS 1240 WALNUT ST
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000186658
01/21/05-80065-011 150.00

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IN THIS SPACE**

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:

James E Gully Signature and typed or printed name of signing officer or director

1-17-05

Date

Daytime Phone #