

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90012 002 \*\*\*150.00

**DOCUMENT # P01000108528**

1. Entity Name

**MASTER BUILDERS OF SOUTH FLORIDA, INC.**



Principal Place of Business

1937 E ATLANTIC BLVD #12  
POMPANO BEACH FL 33060

Mailing Address

1937 E ATLANTIC BLVD #12  
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt.

CHANGE of Place of Business & Mailing Address.

2101 N Andrews Ave, Suite 107

City & State

Wilton Manors, FL 33311

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-1153755

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BEESON, JAMES B**

Name

Street Address (P.O. Box Number is Not Acceptable)

2101 N Andrews Ave, Suite 107

Wilton Manors, FL 33311

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 D/VP ☐ Delete  
NAME BEESON, JAMES B  
STREET ADDRESS 1937 EAST ATLANTIC BLVD. STE. 12  
CITY-ST-ZIP PLANTATION FL 33060

TITLE ☒ Change ☐ Addition  
NAME 2101 N Andrews Ave, Suite 107  
STREET ADDRESS Wilton Manors, FL 33311  
CITY-ST-ZIP

TITLE D/VP ☐ Delete  
NAME SEGROVES, J. SCOTT  
STREET ADDRESS 6561 PETERS ROAD  
CITY-ST-ZIP PLANTATION FL 33317

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

TITLE D/P ☐ Delete  
NAME BEESON, JR., JAMES M  
STREET ADDRESS 1937 EAST ATLANTIC BLVD. SE. 12  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☒ Change ☐ Addition  
NAME 2101 N Andrews Ave, Suite 107  
STREET ADDRESS Wilton Manors, FL 33311  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 Section 119, 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

Date

Daytime Phone #