


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90151 010 ***150.00

DOCUMENT # P01000108528 1. Entity Name MASTER BUILDERS OF SOUTH FLORIDA, INC.					
Principal Place of Business 1400 EAST OAKLAND PARK BLVD, SUITE 210 OAKLAND PARK, FL 33334-4400			Mailing Address 1400 EAST OAKLAND PARK BLVD, SUITE 210 OAKLAND PARK, FL 33334-4400		
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		
6. Name and Address of Current Registered Agent SNYDER, JONATHAN E 2101 NORTH ANDREWS AVE SUITE 107 WILTON MANORS, FL 33311				7. Name and Address of New Registered Agent Name <u>Snyder, Jonathan E</u> 1400 E. Oakland Park Blvd - Ste 210 Oakland Park, Florida 33334	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DVP BEESON, JAMES B <input type="checkbox"/> Delete 2101 NORTH ANDREWS AVE SUITE 100 WILTON MANORS, FL 33311		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Beeson, James B <input checked="" type="checkbox"/> 1400 E. Oakland Park Blvd - Ste 210 Oakland Park, Florida 33334 DVP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SEGRAVES, J. SCOTT <input type="checkbox"/> Delete 2101 NORTH ANDREWS AVE SUITE 100 PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Segraves, J. Scott <input checked="" type="checkbox"/> 1400 E. Oakland Park Blvd - Ste 210 Oakland Park, Florida 33334 DVP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP BEESON, JR., JAMES M <input type="checkbox"/> Delete 2101 NORTH ANDREWS AVE SUITE 107 WILTON MANORS, FL 33311		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Beeson, Jr James M <input checked="" type="checkbox"/> 1400 E. Oakland Park Blvd - Ste 210 Oakland Park, Florida 33334 DVP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO SNYDER, JONATHAN E <input type="checkbox"/> Delete 2101 NORTH ANDREWS AVENUE SUITE 100 WILTON MANORS, FL 33311		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Snyder, Jonathan E <input checked="" type="checkbox"/> 1400 E. Oakland Park Blvd - Ste 210 Oakland Park, Florida 33334 PCEO	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/25/08</u> Daytime Phone # _____		