


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90525 012 ***150.00

DOCUMENT # P02000034247	
1. Entity Name MASTERCRAFT PRODUCTS CORPORATION	

DO NOT WRITE IN THIS SPACE

54041023

2. Principal Place of Business 5797 LAKE WINONA ROAD Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 117 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State DE LEON SPRINGS FL 32130	City & State DELLEON SPRINGS FL 32130	4. FEI Number 75-3067745	Applied For <input type="checkbox"/> Not Applicable
Zip 32130	Country VOLUSIA	Zip 32130	Country VOLUSIA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOYCE MONACO
Street Address (P.O. Box Number is Not Acceptable)
504 BLACK IRONWOOD DRIVE
DE LAND FL 32720
City
DE LAND **FL** **Zip Code**
32724

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 *Jupe Thomas*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	PRESIDENT & BOARD MEMBER A. DAVID LOGAN 5797 LAKE WINONA ROAD DE LEON SPRINGS FL 32130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & BOARD MEMBER JOYCE MONACO 5797 LAKE WINONA ROAD DE LEON SPRINGS FL 32130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER & BOARD MEMBER MARIE A. MONACO 5797 LAKE WINONA ROAD DE LEON SPRINGS FL 32130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER EDWARD RINDERLE 5797 LAKE WINONA ROAD DE LEON SPRINGS FL 32130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER DOROTHY M ROBBINS 5797 LAKE WINONA ROAD DE LEON SPRINGS FL 32130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jupe Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)