2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State
07-14-2005 90075 030 ***550.00

DOCUMENT # P02000034247

1. Entity Name
MASTERCRAFT PRODUCTS CORPORATION

Principal Place of Business	Mailing Address
5797 LAKE WINONA ROAD DELEON SPRINGS, FL 32130	P.O. BOX 117 DE LEON SPRINGS, FL 32130

07062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 75-3067745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MONACO, JOYCE
504 BLACK IRONWOOD DRIVE
DELAND, FL 32724

7. Name and Address of New Registered Agent

Name Jack Laskowitz
Street Address (P.O. Box Number is Not Acceptable)
1200 DR. MLK, JR. Blvd
City Plant City **FL** Zip Code 33563

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 required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOGAN, A. DAVID 5797 LAKE WINONA ROAD DELEON SPRINGS, FL 32130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T Randy S. Gordon 1200 DR. MLK, JR. Blvd. Plant City, FL, 33563	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MONACO, JOYCE 5797 LAKE WINONA ROAD DELEON SPRINGS, FL 32130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MONACO, MARIE A 5797 LAKE WINONA ROAD DELEON SPRINGS, FL 32130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM ROBBINS, DOROTHY M 5797 LAKE WINONA ROAD DELEON SPRINGS, FL 32130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM RINDERLE, EDWARD E 5797 LAKE WINONA ROAD DELEON SPRINGS, FL 32130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jack Laskowitz CFO - J Laskowitz 7-6-05 (813) 752-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #