

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90049 032 ***150.00

DOCUMENT # P02000034247

1. Entity Name
MASTERCRAFT PRODUCTS CORPORATION



Principal Place of Business
**5797 LAKE WINONA ROAD
DELEON SPRINGS, FL 32130**

Mailing Address
**P.O. BOX 117
DE LEON SPRINGS, FL 32130**

40001343



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1200 W DR.M.L.King Jr.Blvd. P.O. Drawer Y

City & State
Plant City, FL

City & State
Plant City, FL

01042007

Chg-P

CR2E034 (12/06)

4. FEI Number
75-3067745

Applied For
☐ Not Applicable

Zip
33563

Country
US

Zip
33564

Country
US

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

6. Name and Address of Current Registered Agent

**LASKOWITZ, JACK
1200 DR MLK JR BLVD
PLANT CITY, FL 33563**

7. Name and Address of New Registered Agent

Name

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

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DPST
GORDON, RANDY S
1200 DR MLK BLVD
PLANT CITY, FL 33563** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY- ST- ZIP ☐ Change ☐ 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:

Jack Laskowitz, CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #