


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90189 047 ***150.00

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DOCUMENT # P03000070082 1. Entity Name MASTER CRAFT CONCRETE, INC.					
Principal Place of Business 204 S RIDGEWOOD AVE. DELAND, FL 32720 US			Mailing Address 204 S RIDGEWOOD AVE. DELAND, FL 32720 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1716 Oakley Ave Suite, Apt. #, etc.			
City & State Deland FL		City & State Deland FL		4. FEI Number 57-1175726	
Zip 32720	Country US	Zip 32720	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILKES, BARRY J 204 S RIDGEWOOD AVE. DELAND, FL 32720			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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE <u>Barry Wilkes</u></div> <div>DATE <u>3/11/04</u></div> </div> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D,C WILKES, PO BOX 226 SORRENTO, FL 32776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T WILKES, PO BOX 226 SORRENTO, FL 32776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMSTOCK, TYSON C 29018 COMSTOCK RD EUSTIS, FL 32736	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S COMSTOCK, TYSON C 29018 COMSTOCK RD EUSTIS, FL 32736	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <u>Barry Wilkes</u> Barry Wilkes <u>3/11/04</u> (386) 804-5548 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					