

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 013 ***150.00

DOCUMENT # P03000072278

1. Entity Name

MAISON CUSTOM FINISH CARPENTRY, INC.



Principal Place of Business

**811 CHESTNUT ST
CLERMONT FL 34711**

Mailing Address

**811 CHESTNUT ST
CLERMONT FL 34711**

2. Principal Place of Business

805 CHESTNUT ST.

Suite, Apt. #, etc.

3. Mailing Address

805 CHESTNUT ST.

Suite, Apt. #, etc.

City & State

CLERMONT, FL

Zip
34711

Country

USA

City & State

CLERMONT, FL

Zip
34711

Country

USA

4. FEI Number

20-0065345

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**HUTCHINS, ROBERT J
400 N WYMORE RD, STE 110
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

MICHAEL W. MASON

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

805 CHESTNUT ST.

City

CLERMONT

FL

Zip Code

34711

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

4/28/06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MASON, MICHAEL W**
STREET ADDRESS **318 INGLENOOK CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **S** ☐ Delete
NAME **FELLON, CHRISTOPHER**
STREET ADDRESS **512 BRIGHTON WAY**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **J** ☒ Delete
NAME **BAKER, JONATHAN**
STREET ADDRESS **1074 BLACK ACRE TRL.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **JOHN BITTMAN**
STREET ADDRESS **815 CHESTNUT ST.**
CITY-ST-ZIP **CLERMONT, FL 34711**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 (407) 484-7412

Date

Daytime Phone #