

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000075114

1. Entity Name
J. B. MASTERSON, INC.



Principal Place of Business
**1440 NE 130TH STREET
NORTH MIAMI, FL 33161**

Mailing Address
**1440 NE 130TH STREET
NORTH MIAMI, FL 33161**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1679600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MASTERSON, JOHN B
1440 NE 130TH STREET
NORTH MIAMI, FL 33161**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

03/10/05-80058-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASTERSON, JOHN B
STREET ADDRESS	1440 NE 130TH STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33161

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-05

Date

305-891-0626

Daytime Phone #