

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 12, 2006 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number 16-1679600

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

John B. Mastersen

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

(NOTE: Registered Agent signature required when substituting)

DATE

5-7-06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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05/20/06-80099-008 150.00

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 807, 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:

John B. Mastersen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-06 786-2362189

Date

Daytime Phone