


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000103839
 1. Entity Name
MASTERCRAFT FINISH CARPENTRY, INC.



Principal Place of Business
**590 W. HOFFMAN ST.
 LAKE ALFRED, FL 33850**

Mailing Address
**590 W. HOFFMAN ST.
 LAKE ALFRED, FL 33850**

DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4265687 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BRICKNER, TINA
 590 W. HOFFMAN ST.
 LAKE ALFRED, FL 33850**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | P |
| NAME | BRICKNER, ALLEN G |
| STREET ADDRESS | 590 W. HOFFMAN ST. |
| CITY-ST-ZIP | LAKE ALFRED, FL 33850 |
| TITLE | ST |
| NAME | BRICKNER, TINA |
| STREET ADDRESS | 590 W. HOFFMAN ST. |
| CITY-ST-ZIP | LAKE ALFRED, FL 33850 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Ina M Brickner (Secretary)* 2-8-08 863-956-3271
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #