

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000131824

**Entity Name:** MASTER'S TOUCH OF JACKSON COUNTY, INC.

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1193 HARVEST RIDGE  
MARIANNA, FL 32448

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 5903  
MARIANNA, FL 32447

**New Mailing Address:**

**FEI Number:** 16-1688451      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DURAND, EUGENE W  
1193 HARVEST RIDGE  
MARIANNA, FL 32448      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DURAND, EUGENE W  
Address: P. O. BOX 5903  
City-St-Zip: MARIANNA, FL 32447

Title: VP  
Name: DURAND, EUGENE W  
Address: P. O. BOX 5903  
City-St-Zip: MARIANNA, FL 32447

Title: TR  
Name: DURAND, EUGENE W  
Address: P. O. BOX 5903  
City-St-Zip: MARIANNA, FL 32447

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EUGENE DURAND

P

04/12/2011

Electronic Signature of Signing Officer or Director

Date