

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000054490

1. Entity Name
MASTERS CARPENTRY & TRIM, INC.



Principal Place of Business
**95406 DOUGLAS ROAD
FERNANDINA BEACH, FL 32034**

Mailing Address
**95406 DOUGLAS ROAD
FERNANDINA BEACH, FL 32034**



03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0927165

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**IT'S YOUR MONEY, LLC
2072 MAYPORT ROAD
ATLANTIC BEACH, FL 32233**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000887116
04/21/08-80007-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MASTERS, ROBERT A
STREET ADDRESS	95406 DOUGLAS ROAD
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	P
NAME	MASTERS, GLENDA B
STREET ADDRESS	95406 DOUGLAS ROAD
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: *Robert A. Masters - V. President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Masters 904-626-1165
Date *4-1-08* Daytime Phone #