2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

TYPED OR PRINTED NAME OF S

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P04000108269** 02-07-2005 90083 041 ***150.00 1. Entity Name MSTRCRFT, INC. Principal Place of Business Mailing Address 66012558 P.O. DRAWER Y P.O. DRAWER Y PLANT CITY, FL 33566 PLANT CITY, FL 33566 2. Principal Place of Business 3. Mailing Address 1200 W. Dr. M.L.K.Jr.BWd. Suite, Apt. #, etc. Suite. Apt. #. etc. 04202005 CR2E034 (10/03) City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOGGS, DAVID M Street Address (P.O. Box Number is Not Acceptable) ONE TAMPA CITY CENTER, SUITE 2000 Dr. Martin 201 FRANKLIN STREET TAMPA, FL 33602 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 Jack M. Laskowitz 4.21.05 ure, typed or printed name of registered, gent and the finopheable. thIOTE: Registered Agent signature regulard when reinstating 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CEOD Change ☐ Add′tion TITLE ☐ De ete TITLE GORDON, MELVIN S NAME NAME 1200 W. DR. MLK, JR. BLVD STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY, FL 33563 De'ete TITLE ☐ Change Addition TITLE GORDON, RANDY S NAME NAME STREET ADDRESS 1200 W. DR. MLK, JR. BLVD STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33563 CITY - ST - ZIP TITLE ☐ Change Addition TITLE De'ete WEINER, EUGENE L NAME STREET ADDRESS 1200 W. DR. MLK, JR. BLVD STREET ADDRESS PLANT CITY, FL 33563 CITY-ST-ZIP CITY-ST-74P ☐ Addition TIRE De'ete TITLE GORDON, MARK H NAME KAME STREET ADDRESS 1200 W. DR. MLK, JR. BLVD STREET ADDRESS CITY ST ZIP PLANT CITY, FL 33563 CITY-ST-ZIP ☐ Change Addition ☐ De'ete TIBE VSD TITLE SCHULIS, TRACY W NAME NAME STREET ADDRESS STREET ADDRESS 1200 W. DR. MLK, JR. BLVD PLANT CITY, FL 33563 CITY ST - ZIP CHTY - ST - 7IP ☐ Change ☐ Addition **CFOT** De'ete TITLE TITLE NAME LASKOWITZ, JACK NAME 1200 W. DR. MLK. JR. BEVD STREET ADDRESS STREET ADDRESS City-St-ZIP PLANT CITY, FL 33563 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 it 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.

Jack M. Laskawitz 4.21.05

FILED