

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000108269

1. Entity Name
MSTRCRFT, INC.



Principal Place of Business
1200 W DR MLK JR BLVD
PLANT CITY, FL 33563

Mailing Address
P.O. DRAWER Y
PLANT CITY, FL 33566



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2610562

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LASKOWITZ, JACK M CPA
1200 W DR MLK JR BLVD
PLANT CITY, FL 33563

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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 filer, if applicable

(NOTE: Registered Agent signature required when re-registering)

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	CEO
NAME	GORDON, MELVIN S
STREET ADDRESS	1200 W. DR. MLK, JR. BLVD
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	PD
NAME	GORDON, RANDY S
STREET ADDRESS	1200 W. DR. MLK, JR. BLVD
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	VD
NAME	WEJNER, EUGENE L
STREET ADDRESS	1200 W. DR. MLK, JR. BLVD
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	DEV
NAME	GORDON, MARK H
STREET ADDRESS	1200 W. DR. MLK, JR. BLVD
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	VSD
NAME	SCHULIS, TRACY W
STREET ADDRESS	1200 W. DR. MLK, JR. BLVD
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Jack Laskowitz* J. Laskowitz, CFO

1/4/08 (813) 752-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #