

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144226

Entity Name: JOMAR MASTER BUILDERS, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

10955 CLAY PIT ROAD, LOT H  
TAMPA, FL 33610

## New Principal Place of Business:

## Current Mailing Address:

10955 CLAY PIT ROAD, LOT H  
TAMPA, FL 33610

## New Mailing Address:

FEI Number: 20-1764924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELAPAZ, MAURICE  
10955 CLAY PIT ROAD  
LOT H  
TAMPA, FL 33610 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DELAPAZ, MAURICE  
Address: 10955 CLAY PIT ROAD, LOT H  
City-St-Zip: TAMPA, FL 33610

Title: SEC ( ) Delete  
Name: DELAPAZ, JOYCE S  
Address: 10955 CLAY PIT ROAD, LOT H  
City-St-Zip: TAMPA, FL 33610

Title: VP ( ) Delete  
Name: DELAPAZ, CHRISTOPHER J  
Address: 6609 W KNIGHTS GRIFFIN ROAD  
City-St-Zip: PLANT CITY, GA 33565

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MAURICE DELEPAZ

MGRM

05/01/2009

Electronic Signature of Signing Officer or Director

Date