2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

· .	ANNUAL R	EPORT (AR)				
DOCUMENT # P05000086671 1. Entity Name MASTERWORKS OF HERNANDO COUNTY, INC.					FILED	·	
MASTERWORKS OF HERINANDO COUNTY, INC.					2008 JAN 11 PM 4: 05		
Principal Plac 8467 SPRIN SPRING HIL	G HILL DR	Mailing Address 8467 SPRING HILL DR SPRING HILL FL 34608			SECRETARY OF STATE		
2. Principal Place of Business - No P.O. Box # 3. 1399 S. BEKCHER R.S. Suito, Apt. #, etc.		3. Mailing Address 1399 S. BEACHER RD. Suite, Apt. #, otc.			1st MOORE CR2E034	(10/06)	
#2		#2					
City & Stat	eso FL	City & State	FL	4.	. FEI Number 20-3055174	Applied For Not Applicable	
Zip 337'		^{Zip} 33771	Country U.S.		. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
PAGE, SCOTT PAGE, Scott							
8467 SPRING HILL DR SPRING HILL FL 34608				Street Address (P.O. Box Number is Not Acceptable) 1399 S. BELCHER R. #3			
			City	LARGO	FL	Zip Code 33771	
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 liame of registered ageny and lifter inapplicable. (NOTE: Registered Agent signature required when reinstating) (NOTE: Registered Agent signature required when reinstating)							
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of				Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND		
DILL	PD PAGE, SCOTT	☐ Delete	TITLE	PS	CAPOT	Change	
NAME STREET ADDRESS	8467 SPRING HILL DR		STRUFT ADDRESS				
CHY-SI-ZIP	SPRING HILL FL 34608		CHY-SI-7IP		0 1FL 33771		
TITLE NAME		☐ Delete	TITLE. NAME		PRESIDENT	☐ Change ★Addition	
STREET ADDRESS			STREET ADDRESS	1399	ISON, CARL 5. BELCHER RD. #2		
CITY-S1-ZIP			CITY+ST-7IP	MARE	10, Fh_33771		
THUE		Delete	THE		1001103491 01/15/0801040006	Change Addition	
NAME STREEL ADDRESS			NAME STREET ADDRESS		01.715.70601.040006	***208.75	
CHY-SI-ZIP	***		CITY-SI-7IP				
TATLE		☐ Delete	3000		1001103431	Change Addition	
NAME APPROVE			NAME		1001103491 10/05/0701028011	* * 550.80	
STREET ADDRESS CHY-SI-ZIP			STREET ADDRESS CITY-S1-ZIP				
TITLE		Delete	DRE			Change Addition	
NAME			NAME.	D	EINSTATEM	ENT	
STREET ADDRESS			STRUET ADDITIONS	1		(n·1	
CHY-SI-7(P		☐ Delete	CHY+S1-ZIP			Change Addition	
NAME.		□ Délisie	NAME			Shange Symmon	
TRLE1 ADDRESS			STREET ADDRESS			11/2/	
CITY-ST-ZIP			CHY-SI-7IP	l			
indicatéd	l on this report or supplemental report is	s true and accurate and that m	ny signature shall h	ave the sam	n Section 119, Florida Statutes. I further ce ne legal effect as if made under oath; that I Florida Statutes; and that my name appears	am an officer or director	

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott Page RESIDENT 10:03:07