


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90202 021 ***150.00

DOCUMENT # P05000155009 1. Entity Name MASTERPIECES INCORPORATED OF JACKSONVILLE					
Principal Place of Business 2512 BEAUTYBERRY CIRCLE WEST JACKSONVILLE, FL 32246			Mailing Address 2512 BEAUTYBERRY CIRCLE WEST JACKSONVILLE, FL 32246		
2. Principal Place of Business <i>2512 Beautyberry Cir. W.</i>		3. Mailing Address <i>2512 Beautyberry Cir. W.</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>		4. FEI Number 56-2551280	
Zip 32246		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32246		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGENIA J WILLIAMS PA ATTORNEY AT LAW 5732 NORMADY BLVD SUITE 9 JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MICHELLITA 2512 BEAUTYBERRY CIRCLE WEST JACKSONVILLE, FL 32246		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 life empowered.					
SIGNATURE: <i>Michellita Taylor</i> <i>Michellita Taylor</i> 4/11/06 904-571-5070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					