2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000056937

1. Entity Name
MASON WINDOW ENCLOSURES, INC.

Principal Place of Business
17380 SW 98TH CIRCLE
SUMMERFIELD, FL 34491

Mailing Address
17380 SW 98TH CIRCLE
SUMMERFIELD, FL 34491

DO NOT WRITE IN THIS SPACE

01022008 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1959077

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASON, MARY
17380 SW 98TH CIRCLE
SUMMERFIELD, FL 34491

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

H08000095391
04/25/08-80008-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MASON, WILLIAM P
STREET ADDRESS	17380 SW 98TH CIRCLE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	MASON, MARY
STREET ADDRESS	17380 SW 98TH CIRCLE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: Mary Mason MARY MASON 4/10/08 352-245-3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #