


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90025 029 ***150.00

DOCUMENT # P07000000837 1. Entity Name "MASTERSON PROFESSIONAL MANAGEMENT, INC."			
Principal Place of Business 9846 COUNTRY OAKS DRIVE FORT MYERS, FL 33912		Mailing Address 9846 COUNTRY OAKS DRIVE FORT MYERS, FL 33912	
2. Principal Place of Business - No P.O. Box # 9846 Country Oaks Dr		3. Mailing Address 9846 Country Oaks Dr	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Fort Myers FL		City & State Fort Myers FL	
Zip 33912		Zip 33912	
Country 		Country 	
4. FEI Number 83-0471358		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASTERSON, DION R 9846 COUNTRY OAKS DRIVE FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Dion R Masters m Street Address (P.O. Box Number is Not Acceptable) 9846 Country Oaks Dr City Fort Myers FL Zip 33912	
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 <u><i>Dion R Masters</i></u> DATE <u>7-7-08</u> <small>Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-issuing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D MASTERSON, DION R 9846 COUNTRY OAKS DRIVE FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP P Dion R Masters m 9846 Country Oaks Dr Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Dion R Masters</i></u> <u><i>Dion R Masters m</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7-7-08</u> Daytime Phone # <u>339-489-4890</u>	