2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037401

Address:

112 EDWARD CIR

City-St-Zip: VALPARAISO, FL 32580

Entity Name: MASON MARINE PRODUCTS, INC

FILED May 01, 2006 Secretary of State

Entity Nar	ne: MASON M	ARINE PRODUCTS, INC.		
Current P	rincipal Place o	of Business:	New Principal Place	of Business:
	ARD CIRCLE ISO, FL 32580	US		
Current M	ailing Address	:	New Mailing Addres	s:
909 MAR V STE 1014 FT WALTO	WALT DR DN BEACH, FL	32547		
FEI Number:	59-3184337	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of	of New Registered Agent:
909 MAR \ SUITE 101 FT. WALT	4 ON BEACH, FL		ourpose of changing its registere	d office or registered agent, or both,
SIGNATUR	RE:			
	Electronic	Signature of Registered Age	ent	Date
		2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.	
OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	VD () [MASON, DAVID F 278 GRANDVIEV VALPARAISO, FL	V	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DPC ()[MASON, DAVID F 112 EDWARD CI VALPARAISO, FL	R.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	ST ()[MASON, DEBOR	Delete AH .I	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

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