

# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000042249

1. Entity Name  
MASTER PRINTERS OF TAMPA, INC.



Principal Place of Business  
5502 E. BROADWAY  
TAMPA, FL 33619

Mailing Address  
5502 E. BROADWAY  
TAMPA, FL 33619



07112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3193504  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MASSON, KENNETH M  
5502 E. BROADWAY  
TAMPA, FL 33619

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IN THIS SPACE**

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)

000000372552  
07/13/05-80004-021 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITLE	DP
NAME	MASSON, SANDRA G
STREET ADDRESS	5502 E. BROADWAY
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	DS
NAME	MASSON, KENNETH M
STREET ADDRESS	5502 E. BROADWAY
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Kenneth M. Masson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/05

Date

813-624-3269

Daytime Phone #