


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90244 016 \*\*\*150.00

<b>DOCUMENT # P93000088397</b> 1. Entity Name <b>MASCO CONTRACTOR SERVICES CENTRAL, INC.</b>	
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Principal Place of Business <b>2339 BEVILLE ROAD DAYTONA BEACH, FL 32119 US</b>	Mailing Address <b>C/O TAX DEPARTMENT 21001 VAN BORN ROAD TAYLOR, MI 48180 US</b>
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04192004 No Chg-P CR2E034 (10/03)

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4. FEI Number <b>59-3214406</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DEMARIE, DONALD JR 2339 BEVILLE ROAD DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GARGARO, EUGENE A JR 21001 VAN BORN ROAD TAYLOR, MI 48180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS PETERCA, RONALD 2339 BEVILLE RD DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DORAN, DAVID A 21001 VAN BORN ROAD TAYLOR, MI 48180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFAT D'ATTOMO, ANTHONY 2339 BEVILLE ROAD DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HAZELWOOD, JAMES 2339 BEVILLE ROAD DAYTONA BEACH, FL 32119

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **4/21/04** **313-274-7400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **David A. Doran** Date Daytime Phone #