

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000058792

1. Entity Name

MASTER CRAFT MEMORIALS, INC.



Principal Place of Business

504 SOUTH COLLINS STREET
PLANT CITY, FL 33566

Mailing Address

504 SOUTH COLLINS STREET
PLANT CITY, FL 33566



03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3261883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, LORRAINE
504 SOUTH COLLINS STREET
PLANT CITY, FL 33566

**DO NOT WRITE
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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARRISON, DANNY G
STREET ADDRESS 114 BOLENDER ROAD
CITY- ST- ZIP AUBURNDALE, FL

TITLE V
NAME FLOWERS, TIMOTHY F
STREET ADDRESS 1833 BRANCH FORBES RD LOT 48
CITY- ST- ZIP PLANT CITY, FL 33565

TITLE T
NAME HARRISON, SHANE
STREET ADDRESS 114 BOLENDER
CITY- ST- ZIP AUBURNDALE, FL

TITLE S
NAME HARRISON, LORRAINE
STREET ADDRESS 306 W. TEVER ST.
CITY- ST- ZIP PLANT CITY, FL 33566

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000100552
04/01/04-80012-008 150.00

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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)(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:

Lorraine Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04

Date

813-754-2113

Daytime Phone #