


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 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
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01142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3261883	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HARRISON, LORRAINE 504 SOUTH COLLINS STREET PLANT CITY, FL 33566
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**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, DANNY G 114 BOLENDER ROAD AUBURDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOWERS, TIMOTHY F 1833 BRANCH FORBES RD LOT 48 PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRISON, SHANE 114 BOLLINDER AUBURDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON, LORRAINE 306 W. TEVER ST. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000014141/5
10/22/06 00003-010 150.100

**DO NOT WRITE
IN THIS SPACE**

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 *Lorraine Harrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-06 813-794-2113
Date Daytime Phone #