

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058792

FILED  
May 01, 2009  
Secretary of State

Entity Name: MASTER CRAFT MEMORIALS, INC.

## Current Principal Place of Business:

504 SOUTH COLLINS STREET  
PLANT CITY, FL 33566

## New Principal Place of Business:

## Current Mailing Address:

504 SOUTH COLLINS STREET  
PLANT CITY, FL 33566

## New Mailing Address:

FEI Number: 59-3261883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HARRISON, DANNY G  
Address: 114 BOLENDER ROAD  
City-St-Zip: AUBURNDALE, FL

Title: V ( ) Delete  
Name: FLOWERS, TIMOTHY F  
Address: 1833 BRANCH FORBES RD LOT 48  
City-St-Zip: PLANT CITY, FL 33565

Title: T ( ) Delete  
Name: HARRISON, SHANE  
Address: 114 BOLLENDER  
City-St-Zip: AUBURNDALE, FL

Title: S ( ) Delete  
Name: HARRISON, LORRAINE  
Address: 306 W. TEVER ST.  
City-St-Zip: PLANT CITY, FL 33566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: LORRAINE HARRISON

S

05/01/2009

Electronic Signature of Signing Officer or Director

Date