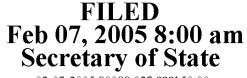
2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000058959



02-07-2005 90099 027 ***150.00



JEFFERY W. MASTERS & ASSOCIATES, INC.													
Principal Place of Business JEFFERY W MASTERS. & ASSOCIATES 2717 W CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309 US Mailing Address JEFFERY W MASTERS. & ASSOCIATES 2717 W CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309								1 200 1/1 00 1 31 0				1158	
Principal Place of Business 3.				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01192005	Chg-P	CF	R2E034	(10/03)	
City & State			(City & State			·	4. FEI Numbe 65-051		•			plied For t Applicable
Zip	Country			Zip Country				5. Certificate	of Status Desire	ed 🗆		.75 Addi Required	
	6. Name	tered Agent				7. Name and Address of New Registered Agent							
						Name						-	
MASTERS, JEFFERY W 2717 W CYPRESS CREEK RD. FT. LAUDERDALE, FL 33309						Street Addr	ess (l	P.O. Box Numbe	er is Not Accept	able)			
						City					FL	Zip Code	•
	named entitions of regis	y submits this statement f tered agent.	or the p	urpose of changing its	register	ed office or reg	gister	ed agent, or bot	h, in the State o	f Florida.	I am fam	iliar with, a	and accept
SIGNATURE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.							\$5. Add	00 May Be ed to Fees					
10. OFFICERS AND D				CTORS			ADDITIONS/	CHANGES TO	OFFICERS	AND DI	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 W C	S, JEFFERY W. CYPRESS CREEK RD DERDALE, FL 33309		☐ Delete		1					C] Change	☐ Addilion
	11.000	LINDALL, I L 33303											
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deleta		I					<u>L</u>] Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITL Nam Stri	E] Change	Addition
12. I hereby	certify that th	ne information supplied wi	th this fi	ling does not qualify fo	r the exe	mption stated	in Se	ction 119.07(3)	i). Florida Statut	tes. I furthe	er certify	that the ir	nformation

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 and accurate and that my signature shall have the same legal effect as if made under oath that I am and accurate and that my signature shall have the same legal effect as if made under oath that I am and accurate and that my signature shall have the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate that I am and accurate the same legal effect as if made under oath that I am and accurate that I am and accurate that I am and accurate this report of the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made under oath that I am and accurate the same legal effect as if made und

SIGNATURE: _

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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