

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED




06 NOV 21 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200081385232
11/21/06--01037--003 **\$61.25



11092006 Chg-P CR2E034 (11/05)

DOCUMENT # P94000072039					
1. Entity Name MASTERPIECE HOMES, INC.					
Principal Place of Business 300 TREEMONTE DR ORANGE CITY, FL 32763			Mailing Address PO BOX 740618 ORANGE CITY, FL 32774		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3271971	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FITZSIMMONS, ROBERT J 1597 MASTERPIECE WAY DELAND, FL 32721			7. Name and Address of New Registered Agent Name Heather Kowalski Street Address (P.O. Box Number is Not Acceptable) 300 Treemonte Drive City Orange City FL Zip Code 32763		
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 <u>Heather Kowalski</u>  DATE <u>11/15/06</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when changing agent.)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FITZSIMMONS, ROBERT 1597 MASTERPIECE WAY DELAND, FL 32724 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Razler 300 Treemonte Drive Orange City, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLEANS, JEFFREY P 3333 STREET ROAD, #101 BENSALEM, PA 19020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director C. Dean Amann II 3333 Street Road, #101 Bensalem, PA 19020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESEY, MICHAEL T 3333 STREET ROAD, #101 BENSALEM, PA 19020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer Joseph A. Santangelo 3333 Street Road, #101 Bensalem, PA 19020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Lawrence J. Dugan 3333 Street Road, #101 Bensalem, PA 19020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President of Operations John Thomas Garver 300 Treemonte Drive Orange City, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer and Secretary Michael Heald 300 Treemonte Drive Orange City, FL 32763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <u>Robert Razler, President</u>  <u>11/15/06</u> 386-775-4137 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					