

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90042 019 ***150.00

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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**

40028100



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3271971

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~KOWALSKI, HEATHER~~ *Luce, Steve*
**300 TREEMONTE DRIVE
ORANGE CITY, FL 32763**

**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]* *Steve Luce, Director of Accounting* *2-9-07*
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAZLER, ROBERT
STREET ADDRESS	300 TREEMONTE DRIVE
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	D
NAME	ORLEANS, JEFFREY P
STREET ADDRESS	3333 STREET ROAD, #101
CITY-ST-ZIP	BENSALEM, PA 19020
TITLE	D
NAME	VESEY, MICHAEL T
STREET ADDRESS	3333 STREET ROAD, #101
CITY-ST-ZIP	BENSALEM, PA 19020
TITLE	D
NAME	AMANN II, C DEAN
STREET ADDRESS	3333 STREET ROAD, #101
CITY-ST-ZIP	BENSALEM, PA 19020
TITLE	CFO
NAME	SANTANGELO, JOSEPHA <i>Thompson, Jim</i>
STREET ADDRESS	3333 STREET ROAD #101
CITY-ST-ZIP	BENSALEM, PA 19020
TITLE	VP
NAME	DUGAN, LAWRENCE J
STREET ADDRESS	3333 STREET ROAD #101
CITY-ST-ZIP	BENSALEM, PA 19020

**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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Razler *2/24/07*
Date

Daytime Phone #