

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000014527

Entity Name: MASFORCE, INC.

FILED
Feb 25, 2004
Secretary of State

Current Principal Place of Business:

2801 ANVIL ST. NORTH
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

2801 ANVIL ST. NORTH
SAINT PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3385762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTRY, CONSTANTINE E
2895 46TH AVENUE NORTH
ST PETERSBURG, FL 33714 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASTRY, ADIB
Address: 1281 79TH ST. S
City-St-Zip: ST PETERSBURG, FL 33707

Title: VT () Delete
Name: MASTRY, CONSTANTINE E
Address: 8360 73RD COURT
City-St-Zip: PINELLAS PARK, FL 33781

Title: VS () Delete
Name: MASTRY, RICHARD W
Address: 2220 PINELLAS PT DR S
City-St-Zip: ST PETERSBURG, FL 33712

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ADIB MASTRY

P

02/25/2004

Electronic Signature of Signing Officer or Director

Date