

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051536

Entity Name: M.A.S. CONSOLIDATION, INC.

FILED  
Jan 17, 2006  
Secretary of State

## Current Principal Place of Business:

1831 SE 13TH ST  
OCALA, FL 34471 US

## New Principal Place of Business:

## Current Mailing Address:

1831 SE 13TH ST  
OCALA, FL 34471 US

## New Mailing Address:

FEI Number: 59-3327353      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOWMAN, MARY S  
1831 SE 13TH STREET  
OCALA, FL 34471 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: D ( ) Delete  
Name: BOWMAN, MARY S  
Address: 1831 SE 13TH ST  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: SULLIVAN, MARY W  
Address: 820 NORTHEAST 11TH AVENUE  
City-St-Zip: OCALA, FL 34470

Title: VD ( ) Delete  
Name: KIRBY, PATRICIA A  
Address: 1831 SE 13TH ST.  
City-St-Zip: OCALA, FL 34471

Title: VD ( ) Delete  
Name: WELCH, ROBIN H  
Address: 4203 NW 70TH AVE  
City-St-Zip: OCALA, FL 34482

## 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 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: MARY S. BOWMAN

PRES

01/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date