2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000022286

1. Entity Name
MASTER CARVER, INC.

Principal Place of Business	Mailing Address
2870 WORTH AVE	P O BOX 5218
ENGLEWOOD, FL 34224 US	GROVE CITY, FL 34224 US

DO NOT WRITE IN THIS SPACE

04162008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

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

6. Name and Address of Current Registered Agent

EFFREM, DEBORAH
2870 WORTH AVE
ENGLEWOOD, FL 34224

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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, 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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U00000908837
05/06/08-80046-018 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	EFFREM, TIMOTHY C	
STREET ADDRESS	BOX 5218	
CITY-ST-ZIP	GROVE CITY, FL 34224	
TITLE	V	
NAME	EFFREM, DEBORAH E	
STREET ADDRESS	BOX 5218	
CITY-ST-ZIP	GROVE CITY, FL 34224	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____   4/16/08   941-769-6625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #