

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-05-2007 90042 018 \*\*\*150.00

**DOCUMENT # P97000086834**

1. Entity Name  
**MASTERPIECE HOMES & PROPERTIES, 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007

Chg-P

CR2E034 (12/06)



City & State

City & State

4. FEI Number

**59-3480482**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, GERI  
300 TREEMONTE DR  
ORANGE CITY, FL 32763**

7. Name and Address of New Registered Agent

Name **Steve Luce**

Street Address (P.O. Box Number is Not Acceptable)

**300 Treemonte Dr**

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

*[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** ☒ Delete  
NAME **DAVIS, GERI**  
STREET ADDRESS **158 CRYSTAL OAK DRIVE**  
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **VPD** ☐ Delete  
NAME **VESEY, MIKE**  
STREET ADDRESS **3333 STREET ROAD**  
CITY-ST-ZIP **BENSALEM, PA 19020**

TITLE **VP** ☒ Delete  
NAME **DEANGELO, MIKE**  
STREET ADDRESS **2774 PELHAM CT.**  
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **D** ☐ Delete  
NAME **ORLEANS, JEFFREY**  
STREET ADDRESS **333 STREET ROAD**  
CITY-ST-ZIP **BENSALEM, PA 19020**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☒ Addition  
NAME **Razler, Robert**  
STREET ADDRESS **300 Treemonte Dr.**  
CITY-ST-ZIP **Orange City, FL 32763**

TITLE **DT** ☐ Change ☒ Addition  
NAME **Garver, John T.**  
STREET ADDRESS **300 Treemonte Dr.**  
CITY-ST-ZIP **Orange City, FL 32763**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

**4/4/07**

Date

Daytime Phone #