## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000086834

Name:

Address: City-St-Zip: HERDLER, GARRY

BENSALEM, PA 19020

3333 STREET ROAD STE 101

Entity Name: MASTERPIECE HOMES & PROPERTIES, INC.

FILED Apr 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 300 TREEMONTE DR. ORANGE CITY, FL 32763 **Current Mailing Address: New Mailing Address:** PO BOX 740618 ORANGE CITY, FL 32774 FEI Number: 59-3480482 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition RAZLER, ROBERT Name: Name: 300 TREEMONTE DR Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: **VPD** Title: () Delete () Change () Addition Name: VESEY, MIKE Name: 3333 STREET ROAD Address: Address: BENSALEM, PA 19020 City-St-Zip: City-St-Zip: Title: Title: DT (X) Delete () Change () Addition GARVER, JOHN T Name: Name: 300 TREEMONTE DR Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ORLEANS, JEFFREY Name: Name: Address: 333 STREET ROAD Address: City-St-Zip: BENSALEM, PA 19020 City-St-Zip: Title: CFO Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALBERT A. PISANELLI DIR 04/29/2009