

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000017367

Entity Name: MASK ENTERPRISES, INC.

FILED  
Apr 08, 2010  
Secretary of State

**Current Principal Place of Business:**

2299 WEST CLOVELLY LN.  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

2299 WEST CLOVELLY LN.  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

18806 STATE ROAD 3  
HUNTERTOWN, IN 46748

FEI Number: 59-3507289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HALL, CHARLES E JR  
77 ALMERIA STREET  
ST AUGUSTINE, FL 32085 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  
Name: KRUG, MARK A  
Address: 2299 WEST CLOVELLY LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D  
Name: KRUG, SHARON K  
Address: 2299 WEST CLOVELLY LANE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: SHARON K. KRUG

VP

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date