


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 19, 2004 08:00 AM
Secretary of State

| | | |
|---|--|--|
| DOCUMENT # P98000026353 | |  |
| 1. Entity Name MASKEH, INC. | | |
| Principal Place of Business 855 NOVA RD ORMOND BEACH, FL 32174 US | | Mailing Address 515 EAGLE DR. DAYTONA BEACH, FL 32117 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent WEDDERSTRAND, SANDRA L 515 EAGLE DR. DAYTONA BEACH, FL 32117 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WEDDERSTRAND, WILLIAM L 515 EAGLE DR. DAYTONA BEACH, FL 32117 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WEDDERSTAND, SANDRA 515 EAGLE DR. DAYTONA BEACH, FL 32117 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Sandra S Wedderstrand</u> <u>SANDRA L WEDDERSTRAND</u> | | 4-7-04 615-1074 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> |



03192004 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-3499864 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

000000119016
04/19/04-80083-016 150.00

**DO NOT WRITE
IN THIS SPACE**