


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90055 041 ***150.00

DOCUMENT # P98000106958 1. Entity Name MASTERGUARD ALUMINUM RAIL AND FENCE CO., INC.					
Principal Place of Business 8231-5 BAMA LANE WEST PALM BEACH, FL 33411			Mailing Address 8231-5 BAMA LANE WEST PALM BEACH, FL 33411		
2. Principal Place of Business - No P.O. Box # 4401 Charlotte St.		3. Mailing Address 4401 Charlotte St			
Suite, Apt. #, etc. Lake Worth		Suite, Apt. #, etc. Lake Worth			
City & State FL		City & State FL			
Zip 33461	Country USA	Zip 33461	Country USA	4. FEI Number 65-0889674	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DORIOT, CHRISTOPHER G 17179 62ND ROAD NORTH LOXAHATCHEE, FL 33470				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4401 Charlotte St City Lake Worth FL Zip Code 33461	
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 re-appointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DORIOT, CHRISTOPHER G 17179 62ND ROAD NORTH LOXAHATCHEE, FL 33470		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Christopher G Doriot</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/05/2007 561-790-4441 <small>Date</small>		