

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050481

Entity Name: P. MASKER, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

3304 W 15TH ST
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

3304 W 15TH ST
PANAMA CITY, FL 32401

New Mailing Address:

3304 W 15TH ST
PANAMA CITY, FL 32401 US

FEI Number: 59-3585274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEDMAN, THOMAS W ESQ
1007 JENKS AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

HAMM, W G ESQ
1007 JENKS AVENUE
PANAMA CITY, FL 32401 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: W GERALD HAMM

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MASKER, PHOEBE
Address: 3304 W 15TH ST
City-St-Zip: PANAMA CITY, FL 32401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MASKER, PHOEBE
Address: 3304 W 15TH ST
City-St-Zip: PANAMA CITY, FL 32401 US

Title: VP () Change (X) Addition
Name: MASKER, WILLIAM E III
Address: 1810 BAYVIEW AVE
City-St-Zip: PANAMA CITY, FL 32401 US

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.

SIGNATURE: PHOEBE MASKER

PSTD

04/29/2009

Electronic Signature of Signing Officer or Director

Date