

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000057907

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** MASTER PLASTERING INC.

**Current Principal Place of Business:**

6860 CIRCLE DR.  
FT. MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

6860 CIRCLE DR.  
FT. MYERS, FL 33905

**New Mailing Address:**

**FEI Number:** 65-0936694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEUVILLE, GREG  
6860 CIRCLE DR.  
FT. MYERS, FL 33905 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NEUVILLE, GREG  
Address: 6860 CIRCLE DR.  
City-St-Zip: FT. MYERS, FL 33905

Title: STD  
Name: NEUVILLE, SHARON  
Address: 6860 CIRCLE DR.  
City-St-Zip: FT. MYERS, FL 33905

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: GREG NEUVILLE

PD

03/22/2011

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

\_\_\_\_\_  
Date