

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90134 039 ***163.75

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1. Entity Name

MASTERCRAFT WOOD INTERIOR, INC.



Principal Place of Business

**4167 N DIXIE HIGHWAY
POMPANO BEACH, FL 33064**

Mailing Address

**11546 NW 41 STREET
CORAL SPRINGS, FL 33065**

50064962



08252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0936855

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WAITE, VECOUS
11546 NW 41 STREET
CORAL SPRINGS, FL 33065**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WAITE, RANDALL
STREET ADDRESS	5840 NW 16TH ST.
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	S
NAME	WAITE, LORETTA
STREET ADDRESS	11546 NW 41 STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	P
NAME	WAITE, VECOUS
STREET ADDRESS	11546 NW 41 STREET
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Vecous Waite 8/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19541 464 5186

Date

Daytime Phone #