

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90057 030 ***150.00

DOCUMENT # P99000095152					
1. Entity Name MASTERSCAPE, INC.					
Principal Place of Business 591 SAND WEDGELOOP APOPKA, FL 32712			Mailing Address 591 SAND WEDGELOOP APOPKA, FL 32712		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3606553	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALKER, BERRY J JR 235 MAITLAND AVE S, SUITE 216 MAITLAND, FL 32751			Name <u>Walker, Berry J. Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1053 Maitland Center Commons Blvd</u> City <u>Maitland</u> FL Zip Code <u>32751</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, CHRISTOPHER S 456 BISON CIRCLE APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wilson, Christopher S. 591 Sand Wedge Loop Apopka FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, LORRAINE D 456 BISON CIRCLE APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wilson, Lorraine D. 591 Sand Wedge Loop Apopka FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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>[Signature]</u>			Date <u>2/27/04</u> Daytime Phone # <u>407-478-1866</u>		