

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90064 017 ***150.00

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1. Entity Name

MASTER PLAN BUILDING & RENOVATION, INC.



Principal Place of Business

6630 S.W. GATOR TRAIL
PALM CITY, FL 34990 US

Mailing Address

6630 S.W. GATOR TRAIL
PALM CITY, FL 34990 US

60012010



DO NOT WRITE IN THIS SPACE

01272006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0305048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAVELIN, JOHN
6630 S.W. GATOR TRAIL
PALM CITY, FL 34990

**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
After May 1, 2006, Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S
NAME SHAVELIN, SUSAN
STREET ADDRESS 6630 S.W. GATOR TRAIL
CITY-ST-ZIP PALM CITY, FL 34990

TITLE V
NAME OWEN, MARK
STREET ADDRESS 6630 S.W. GATOR TRAIL
CITY-ST-ZIP PALM CITY, FL 34990

TITLE P
NAME SHAVELIN, JOHN
STREET ADDRESS 6630 S.W. GATOR TRAIL
CITY-ST-ZIP PALM CITY, FL 34990

TITLE T
NAME RAPOSA, KENNY J
STREET ADDRESS 4557 S.W. ATHENA DRIVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-06

772-221-9881