

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L26671

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: MASCO ENTERPRISES, INC.

**Current Principal Place of Business:**

2138 PALM VISTA DR.  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1752  
APOPKA, FL 327041775 US

**New Mailing Address:**

FEI Number: 59-2993449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SNOW, JOHN  
701 E ALTAMOANTE SPR BLVD  
SUITE 110  
ALTAMONTE SPRINGS, FL 32701 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PASCARELLA, MICHAEL A  
Address: P O BOX 1752  
City-St-Zip: APOPKA, FL 32704

Title: S ( ) Delete  
Name: PASCARELLA, CHERI H  
Address: P.O. BOX 1752  
City-St-Zip: APOPKA, FL 32704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL PASCARELLA

PD

01/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date