

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000108003

1. Entity Name  
MASS BROTHERS, INC.



Principal Place of Business  
C/O MORTON PLANT HOSPITAL  
8787 BRYAN DAIRY ROAD  
LARGO, FL 33777

Mailing Address  
C/O MORTON PLANT HOSPITAL  
8787 BRYAN DAIRY ROAD  
LARGO, FL 33777

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1394498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

FACKIH, MAJED N DR.  
6996 DUNCANSBY AVENUE N  
ST PETERSBURG, FL 33709

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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	P
NAME	FACKIH, AHLAM
STREET ADDRESS	6996 DUNCANSBY AVENUE N
CITY - ST - ZIP	ST PETERSBURG, FL 33709
TITLE	VP
NAME	FACKIH, NADER
STREET ADDRESS	6996 DUNCANSBY AVENUE N
CITY - ST - ZIP	ST PETERSBURG, FL 33709
TITLE	S
NAME	FACKIH, MAJED N DR
STREET ADDRESS	6996 DUNCANSBY AVENUE N
CITY - ST - ZIP	ST PETERSBURG, FL 33709
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000354588  
07/14/08-80008-006 150.00

**DO NOT WRITE  
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

07-09-08 (727)394 5137  
Date Daytime Phone #