

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 017 ***150.00

DOCUMENT # P04000169369

1. Entity Name
MASCI GENERAL CONTRACTOR, INC.



Principal Place of Business
**5752 SOUTH RIDGEWOOD AVE
PORT ORANGE, FL 32127**

Mailing Address
**5752 SOUTH RIDGEWOOD AVE
PORT ORANGE, FL 32127**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2045800

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GANGITANO, JAMES J
7600 SOUTHLAND BLVD SUITE 100
ORLANDO, FL 32809**

**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	P
NAME	MASCI, ANDRES
STREET ADDRESS	5751 WHITE ACRES LANE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	V
NAME	MASCI, LEONEL
STREET ADDRESS	3643 DAME STREET
CITY-ST-ZIP	PORT ORANGE, FL 32129
TITLE	S
NAME	MASCI, MARIA
STREET ADDRESS	5751 WHITE ACRES LANE
CITY-ST-ZIP	PORT ORANGE, FL 32127
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 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 #