


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90095 018 \*\*\*150.00

<b>DOCUMENT # P04000169369</b> 1. Entity Name <b>MASCI GENERAL CONTRACTOR, INC.</b>					
Principal Place of Business <b>5752 SOUTH RIDGEWOOD AVE PORT ORANGE, FL 32127</b>			Mailing Address <b>5752 SOUTH RIDGEWOOD AVE PORT ORANGE, FL 32127</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2045800</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GANGITANO, JAMES J 7600 SOUTHLAND BLVD SUITE 100 ORLANDO, FL 32809</b>			7. Name and Address of New Registered Agent Name <b>MARIA MASCI</b> Street Address (P.O. Box Number is Not Acceptable) <b>5751 WHITE ACRES LN</b> City <b>PORT ORANGE</b> FL Zip Code <b>32127</b>		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MASCI, ANDRES 5751 WHITE ACRES LANE PORT ORANGE, FL 32127</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MASCI, LEONEL 3643 DAME STREET PORT ORANGE, FL 32129</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MADCI, MARIA 5751 WHITE ACRES LANE PORT ORANGE, FL 32127</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>MARIA MASCI - SECRETARY</u> <b>2/2/07</b> <b>386-322-4000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40014659



02022007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name **MARIA MASCI**  
Street Address (P.O. Box Number is Not Acceptable)  
**5751 WHITE ACRES LN**  
City **PORT ORANGE** FL Zip Code **32127**

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**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**P  
MASCI, ANDRES  
5751 WHITE ACRES LANE  
PORT ORANGE, FL 32127**

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3643 DAME STREET  
PORT ORANGE, FL 32129**

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5751 WHITE ACRES LANE  
PORT ORANGE, FL 32127**

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**SIGNATURE:** MARIA MASCI - SECRETARY **2/2/07** **386-322-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #