

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000038156

**Entity Name:** MASSACCI ART INC

**Current Principal Place of Business:**

2600 SW 164TH STREET RD  
OCALA, FL 34476

**Current Mailing Address:**

2600 SW 164TH STREET RD  
OCALA, FL 34473 US

**FEI Number: 86-3593031**

**Certificate of Status Desired: No**

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

MASSACCI, JAMES  
2600 SW 164TH STREET RD  
OCALA, FL 34473 US

*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

**Officer/Director Detail :**

Title P  
Name MASSACCI, JAMES  
Address 2600 SW 164TH STREET RD  
City-State-Zip: Ocala FL 34473

Title P  
Name MASSACCI, JAMES  
Address 2600 SW 164TH STREET RD  
City-State-Zip: Ocala FL 34473

Title P  
Name MASSACCI, JAMES  
Address 2600 SW 164TH STREET RD  
City-State-Zip: Ocala FL 34473

Title P  
Name MASSACCI, JAMES  
Address 2600 SW 164TH STREET RD  
City-State-Zip: Ocala FL 34473

Title P  
Name MASSACCI, JAMES  
Address 2600 SW 164TH STREET RD  
City-State-Zip: Ocala FL 34473

Title P  
Name MASSACCI, JAMES  
Address 2600 SW 164TH STREET RD  
City-State-Zip: Ocala FL 34473

*I hereby 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 all other like empowered.*

**SIGNATURE: JAMES MASSACCI**

**PRESIDENT**

**04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date