

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90017 027 ***150.00

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| DOCUMENT # 509620 1. Entity Name MASSEL CONSTRUCTION, INC. |  |
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| Principal Place of Business 528 CORBIN PARK ROAD NEW SMYRNA BEACH, FL 32168 US | Mailing Address 528 CORBIN PARK ROAD NEW SMYRNA BEACH, FL 32168 US |
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94019524



01082004 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-1685309 | 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

**MASSEL, EDWARD
528 CORBIN PARK ROAD
NEW SMYRNA BEACH, FL 32168**

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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MASSEL, EDWARD 528 CORBIN PARK ROAD NEW SMYRNA BEACH, FL 32168 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | .ST MASSEL, JEANNE 528 CORBIN PARK ROAD NEW SMYRNA BEACH, FL 32168 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MASSEL-KAISER, LAURA 528 CORBIN PARK ROAD NEW SMYRNA BEACH, FL 32168 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. JOHN NIXON 309 E. GAINES ST. OAK HILL, FL 32759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Laura M. Kaiser* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 02/18/04 **Date** 386-427-5414 **Daytime Phone #**