

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 509620

FILED
Jun 20, 2005
Secretary of State

Entity Name: MASSEL CONSTRUCTION, INC.

Current Principal Place of Business:

528 CORBIN PARK ROAD
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

176 CORBIN PARK ROAD
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

528 CORBIN PARK ROAD
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

176 CORBIN PARK ROAD
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-1685309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MASSEL, EDWARD
176 CORBIN PARK ROAD
NEW SMYRNA BEACH, FL 32168 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: EDWARD MASSEL

06/20/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASSEL, EDWARD,
Address: 528 CORBIN PARK ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ST () Delete
Name: MASSEL, JEANNE,
Address: 528 CORBIN PARK ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP () Delete
Name: MASSEL-KAISER, LAURA
Address: 528 CORBIN PARK ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP () Delete
Name: NIXON, JOHN
Address: 309 E. GAINES ST.
City-St-Zip: OAK HILL, FL 32759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MASSEL, EDWARD,
Address: 176 CORBIN PARK ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ST (X) Change () Addition
Name: MASSEL, JEANNE,
Address: 176 CORBIN PARK ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP (X) Change () Addition
Name: MASSEL-KAISER, LAURA
Address: 176 CORBIN PARK ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAURA MASSEL-KAISER

VP

06/20/2005

Electronic Signature of Signing Officer or Director

Date