


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90017 048 \*\*\*150.00

<b>DOCUMENT # 613522</b>	
1. Entity Name <b>MASSEY MOTORS, INC. OF DAYTONA BEACH</b>	

**94046253**

Principal Place of Business <b>300 NORTH BEACH STREET. DAYTONA BEACH, FL 32114-3304</b>	Mailing Address <b>300 NORTH BEACH STREET. DAYTONA BEACH, FL 32114-3304</b>
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2. Principal Place of Business <b>2434 ATLANTIC BOULEVARD</b>	3. Mailing Address <b>2434 ATLANTIC BOULEVARD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04052004 Chg-P CR2E034 (10/03)

City & State <b>JACKSONVILLE, FLORIDA</b>	City & State <b>JACKSONVILLE, FLORIDA</b>
Zip <b>32207</b>	Country <b>32207</b>

4. FEI Number <b>59-1885433</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>MASSEY, R.B. 2434 ATLANTIC BLVD. JACKSONVILLE, FL 32207</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSC MASSEY, ROBERT B. SR. 2434 ATLANTIC BLVD JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, ORIN C. 300 N BEACH STREET DAYTONA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MASSEY, WILLIAM W. JR. 2434 ATLANTIC BLVD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASSEY, ROBERT B. JR. 2434 ATLANTIC BLVD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSEY, RICHARD D. 2434 ATLANTIC BLVD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASSEY, RICHARD D. 2434 ATLANTIC BLVD. JACKSONVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TD 2434 ATLANTIC BOULEVARD JACKSONVILLE, FL 32207</b>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RICHARD D. MASSEY 4/5/04 904-798-6877**