

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90039 034 ***150.00

40004767



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2208754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MASSEY, EDDIE L., SR.
GRIFFIN RD./COUNTY RD. 720
MOORE HAVEN, FL 33471

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MASSEY, EDDIE L., SR.
STREET ADDRESS	2020 GRIFFIN RD SE
CITY-ST-ZIP	MOORE HAVEN, FL
TITLE	S
NAME	SMITH, OTHO A., SR.
STREET ADDRESS	5202 S HARDING ST
CITY-ST-ZIP	INDIANAPOLIS, IN
TITLE	VPT
NAME	MASSEY, CYNTHIA J.
STREET ADDRESS	2020 GRIFFIN RD SE
CITY-ST-ZIP	MOORE HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Eddie L. Massey Pres.

Jan 15, '05 863-983-9921