2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 10, 2004 08:00 AM
Secretary of State

DOCUMENT # G45039

1. Entity Name
MASSEY LANDSCAPING, INC.

Principal Place of Business	Mailing Address
14825 NE 10TH AVENUE P O BOX 611251 NORTH MIAMI, FL 33161-9455	14825 NE 10TH AVENUE P O BOX 611251 NORTH MIAMI, FL 33161-9455

DO NOT WRITE IN THIS SPACE

06042004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2294727	Not Applicable

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

6. Name and Address of Current Registered Agent

MASSEY EDWARD
14825 N 10AVE
N MIAMI, FL 33161

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10.   OFFICERS AND DIRECTORS

TITLE	PT
NAME	MASSEY, EDWARD
STREET ADDRESS	14825 NE 10TH AVE
CITY-ST-ZIP	N MIAMI, FL

TITLE	SVP
NAME	BOYD, MARILYN
STREET ADDRESS	6820 SW 43RD ST
CITY-ST-ZIP	DAVIE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000172067
09/10/04-80001-021 550.00

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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: _____ EDWARD MASSEY   6/4/2004   305.945.1397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #