

2013 FOR PROFIT CORPORATION ANNUAL REPORT

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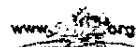
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10282013 Chg-P CR2E034 (12/11)

DOCUMENT # G94903					
1. Entity Name RON MASSA CONSTRUCTION, INC.					
Principal Place of Business 7829 CR 248 B LAKE PANASOFFKEE, FL 33538 US			Mailing Address 7829 CR 248 B LAKE PANASOFFKEE, FL 33538 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2382094	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MASSA, RON 7829 CR 248 B LAKE PANASOFFKEE, FL 33538				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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 27, 2013			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 900254197989 11/25/13--01046--001 **150.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MASSA, RON		NAME	900254197989	
STREET ADDRESS	7829 CR 248 B		STREET ADDRESS	11/25/13--01046--002 **400.00	
CITY- ST- ZIP	LAKE PANASOFFKEE, FL 33538		CITY- ST- ZIP		
TITLE	SV	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MASSA, LONDON		NAME		
STREET ADDRESS	9730 BAYMEADOWS DR		STREET ADDRESS		
CITY- ST- ZIP	INVERNESS, FL 34450		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ron Massa</u>			DATE: <u>11/30/13</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			E-MAIL ADDRESS		



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Session

Transaction ID	Description	Filing Stage
g94903-4a4936b8-f136-4b17-9a1b-e43fd7dfd742	Session file for G94903 with last modified date of 9/17/2013 1:25:34 PM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
G94903-080cef41-def2-42f7-84e2-06ccf013e18f	G94903	0	2	4/25/2012 12:00:00 AM
g94903-4a4936b8-f136-4b17-9a1b-e43fd7dfd742	G94903	550	0	9/17/2013 1:25:35 PM
G94903-65631918-2368-44c8-ba60-2dd59cce3963	G94903	0	2	5/2/2010 12:00:00 AM
G94903-e02d825f-65c5-4853-a39a-452f95236e7a	G94903	0	2	4/27/2011 12:00:00 AM