2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H41017

Entity Name: MASSEY SERVICES, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 610 N WYMORE RD 315 GROVELAND STREET ORLANDO, FL 32804 MAITLAND, FL 32751 US **Current Mailing Address: New Mailing Address:** 610 N WYMORE RD 315 GROVELAND STREET MAITLAND, FL 32751 US ORLANDO, FL 32804 US FEI Number: 59-2557150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HATCHER, STEPHEN B 315 EAST ROBINSON STREET SUITE 600 ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MASSEY, HARVEY L., Name: Name: 1461 VIA TUSCANY Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MASSEY, ANTHONY L Name: 115 LAMORAK LANE Address: Address: MAITLAND, FL 32751 City-St-Zip: City-St-Zip: () Delete Title: Title: **VPCS** VS (X) Change () Addition BARBARA A. CORINO, CORINO, BARBARA A Name: Name: 417 RUTH ST 417 RUTH ST Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750 Title: **VPDQ** () Delete Title: **VCFO** (X) Change () Addition JONES, ADAM ELIAS, GWYN Name: Name: Address: 30 DALEWOOD DR Address: 1630 COMMON WAY ROAD City-St-Zip: DEBARY, FL 32713 City-St-Zip: ORLANDO, FL 32814 Title: CFO Title: () Delete (X) Change () Addition NOWRY, JEAN MRS. NOWRY, JEAN Name: Name: 9033 LAKE HOPE DRIVE Address: 9033 LAKE HOPE DRIVE Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: (X) Change () Addition ED, DOUGHERTY DOUGHERTY, ED Name: Name: 667 LONG LAKE DRIVE 667 LONG LAKE DRIVE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA A. CORINO VS 03/11/2009