

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036879

Entity Name: JOHN H. MASON, P.A.

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

2150 49TH ST. N.
SUITE C
ST. PETERSBURG, FL 33710

New Principal Place of Business:

5712 5TH AVE N.
ST. PETERSBURG, FL 33710

Current Mailing Address:

2150 49TH ST. N.
SUITE C
ST. PETERSBURG, FL 33710

New Mailing Address:

5712 5TH AVE N.
ST. PETERSBURG, FL 33710

FEI Number: 59-3647101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, JOHN H
2150 49TH ST N
SUITE C
SAINT PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

MASON, JOHN H
5712 5TH AVE N
SAINT PETERSBURG, FL 33710 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: JOHN H. MASON

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASON, JOHN H
Address: 2150 49TH ST N SUITE C
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MASON, JOHN H
Address: 5712 5TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN H. MASON

PRES

01/03/2005

Electronic Signature of Signing Officer or Director

Date