## 2008 FOR PROFIT CORPORATION ANNUAL REPORT.

**FILED** Jan 30, 2008 08:00 AM Secretary of State

1. Entity Name MASS-CURY, INC.



Principal Place of Business

12627 SAN JOSE BLVD., SUITE 706 JACKSONVILLE, FL 32223

Mailing Address

12627 SAN JOSE BLVD., SUITE 706 JACKSONVILLE, FL 32223



## DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01052008 Applied For 4. FEI Number

59-3655321

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURY, PHILLIP H 12627 SAN JSOE BLVD STE 706

## DO NOT WRITE

JACKSON	VILLE, FL 32223			IN 1	THIS SPACE
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE Synature, typed or printed name of registered agent and trie if applicable (NOTE: Registered			Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	es divini	sikizmen bili	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURY, PHILLIP H 12627 SAN JOSE BLVD STE 706 JACKSONVILLE, FL 32223				000000804643 02/05/08+80062+015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURY, RENEE 12627 SAN JOSE BLVD STE 706 JACKSONVILLE, FL 32223				. NS\N2\N8-800P5-012 120:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 1	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME Street address City-St-Zip					

12. Thereby 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 attactment with an address, with all other like empowered.

268-7361