## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000106675

FILED Jan 17, 2004 Secretary of State

Entity Name: MASUE, INC. **Current Principal Place of Business: New Principal Place of Business:** 267 EDGEWATER BRANCH DR JACKSONVILLE, FL 32259 **Current Mailing Address: New Mailing Address:** 267 EDGEWATER BRANCH DR JACKSONVILLE, FL 32259 FEI Number: 01-0735142 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: MILLONIQ, JOHN B MILLONIG, JOHN B 393 W. LAEKVIEW AVE. 393 W. LAEKVIEW AVE. LAKE MARY, FL 32746 LAKE MARY, FL 32746 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 B MILLONIG 01/17/2004 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 SMITH, RANDY S Name: Name: 267 EDGEWATER BRANCH DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: DST Title: () Change () Addition () Delete MILLONIG, JOHN Name: Name: 393 LAKEVIEW Address: Address: LAKE MARY, FL 32746 City-St-Zip: City-St-Zip:

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 MILLONIG DST 01/17/2004