

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000085421

1. Entity Name  
MASADA DEVELOPMENT GROUP, INC.



Principal Place of Business  
7910 N FAIRPORT AVE  
DUNNELLON, FL 34433

Mailing Address  
7910 N FAIRPORT AVE  
DUNNELLON, FL 34433

**DO NOT WRITE IN THIS SPACE**

**FILED  
Mar 24, 2005 8:00 am  
Secretary of State**

03-24-2005 90042 001 \*\*\*150.00

**40038600**



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0149279	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
----------------------------------	--

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME WILCHYNSKI, JOHN  
STREET ADDRESS 7910 N FAIRPORT AVE  
CITY-ST-ZIP DUNNELLON, FL 34433

TITLE D  
NAME WILCHYNSKI, ROSANNA  
STREET ADDRESS 7910 N FAIRPORT AVE  
CITY-ST-ZIP DUNNELLON, FL 34433

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *X*

John Wilchynski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3f20fs*

352-465-1603

Daytime Phone #