

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1.

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-01-2004 90020 047 ***150.00

DOCUMENT # P03000121405																																					
1. Entity Name RON MASSEY DRYWALL FRAMING & FINISHED CARPENTRY, INC.																																					
Principal Place of Business 619 BANKS ROAD MARGATE, FL 33063		Mailing Address 619 BANKS ROAD MARGATE, FL 33063																																			
2. Principal Place of Business 5301 NW 15 ST Suite, Apt. #, etc. BAY 24		3. Mailing Address 619 BANKS RD Suite, Apt. #, etc.																																			
City & State MARGATE FLA		City & State MARGATE FLA		4. FEI Number 571191191																																	
Zip 33063		Country BROWARD		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent MASSEY, RON 619 BANKS ROAD MARGATE, FL 33063				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																	
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: <u>Ron Massey</u> 3/29/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> Ron Massey 619 BANKS RD MARGATE, FLA 33063 ☐ Delete </td> </tr> <tr> <td> President Secretary Treasurer </td> <td> ALL RON MASSEY </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ron Massey 619 BANKS RD MARGATE, FLA 33063 ☐ Delete	President Secretary Treasurer	ALL RON MASSEY													<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Ron Massey</u> Ron MASSEY 3/29/04 954-9778905 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																					