

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000124976**

1. Entity Name  
**LARRY AND MARTHA MASSEY PAINTING, INC.**



Principal Place of Business  
**2402 SW WARWICK ST  
PORT ST LUCIE, FL 34985**

Mailing Address  
**PO BOX 7009  
PORT SAINT LUCIE, FL 34984**

**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**52-2414459**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MASSEY, LARRY  
2402 SW WARWICK ST  
PORT ST LUCIE, FL 34985**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MASSEY, LARRY  
2402 SW WARWICK ST  
PORT ST LUCIE, FL 34985**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MASSEY, MARTHA  
2402 SW WARWICK ST  
PORT ST LUCIE, FL 34985**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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05/14/07-80052-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

I 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 in 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 in an attachment with an address, with all other like empowered.

**Martha S. Massey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Martha S. Massey** 4/24/07  
Date Daytime Phone #