

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 11, 2008 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**



03082008 No Chg-P CR2E034 (11/05)

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000392521
04/23/08-80070-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASSEY, LARRY
STREET ADDRESS	2402 SW WARWICK ST
CITY-ST-ZIP	PORT ST LUCIE, FL 34985
TITLE	S
NAME	MASSEY, MARTHA
STREET ADDRESS	2402 SW WARWICK ST
CITY-ST-ZIP	PORT ST LUCIE, FL 34985
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 attachment with an address, with all other like empowered.

SIGNATURE: *Martha S. Massey* **Martha S. Massey** 04/08/08 772-878-3480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #