2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P09353 1. Entity Name JIM MASSEY, INC.				FILED 05 OCT 13 PH 4: 32			
Principal Place of Business 531 EAST SOUTH ST. MONTGOMERY, AL 36104 US		Mailing Address 531 EAST SOUTH ST. MONTGOMERY, AL 36104 US		1/16	SECRETORS TALLAHAS	TOA	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- PENSTATE MENT/03/200		
City & State		City & State			4. FEI Number Applied For 63-0483074 Not Applicable		
Zip ~	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name			
	JAMES B ESTHER BLVD	Street A		dress (P.O. Box Number is Not Acceptable)			
10 MARY EST	THER, FL 32569						-
		City				FL Zip Code	•
SIGNATURE_	Soneture, typed or printed name of registered agent LE NOWILL FEE 1S \$550.00 ue by September 7, 2005	ang dity of applicable. (NOTE: 9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees	DA	ιΈ	
10,	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFICERS	AND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSEY, JAMES B. JR. 531 EAST SOUTH ST. MONTGOMERY, AL 36104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		10006045 10/0501068	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MASSEY, MARY VIRGINIA 531 EAST SOUTH ST. MONTGOMERY, AL 36104	□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT, JAMES AL 531 EAST SOUTH ST. MONTGOMERY, AL 36104	Delete	STREET ADDRESS	V- Massey, Jo 531 East So Montgome	outh Street	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASSEY, JAMES B III 531 EAST SOUTH ST. MONTGOMERY, AL 36104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
of the cor	certify that the information supplied wit on this report or supplemental report in poration or the receiver or trustee empty, or on an attachment with an address. **URE: SIGNATURE AND TYPED OR	lowered to execute this report a	as required by Chap	d in Section 119.07(3) ve the same legal effe ter 607, Florida Statut	(i), Florida Statutes. I furthe ct as if made under oath; thes; and that my name appe	r certify that the ir at 1 am an officer ars in Block 10 or Block 10 or Daytime Phone 8	nformation or director Block 11 if