

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90316 044 ***150.00

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1. Entity Name
MASSEY FABRICATORS, INC.



Principal Place of Business
**2551 MASSERO BLVD.
TAMPA, FL 33619**

Mailing Address
**PO BO 89297
TAMPA, FL 33689-0404**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3182695

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOODWIN, JAMES W
111 E MADISON ST
SUITE 2300
TAMPA, FL 33602**

**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, 2004 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
**DPT
MASSEY, JAMES R
2251 MASSARO BLVD.
TAMPA, FL 33619**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MASSEY, CRISPIN N
2251 MASSARO BLVD.
TAMPA, FL 33619**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MASSEY, RONALD A
2251 MASSARO BLVD.
TAMPA, FL 33619**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTS
MASSEY, JUANITA H
2251 MASSARO BLVD.
TAMPA, FL 33619**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Juanita H. Massey

JUANITA H. MASSEY

APRIL 21, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #