## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000034753

Name: Address:

City-St-Zip:

2251 MASSARO BLVD.

TAMPA, FL 33619

FILED Apr 21, 2005 Secretary of State

Entity Name: MASSEY FABRICATORS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2551 MASSERO BLVD. TAMPA, FL 33619 **Current Mailing Address: New Mailing Address:** PO BO 89297 TAMPA, FL 336890404 FEI Number: 59-3182695 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOODWIN, JAMES W GOODWIN, JAMES W 201 N. FRANKLIN STREET 111 E MADISON ST SUITE 2000 **SUITE 2300** TAMPA, FL 33602 US TAMPA, FL 33602 US 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. SIGNATURE: JAMES W. GOODWIN 04/21/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition Name: MASSEY, JAMES R Name: 2251 MASSARO BLVD. Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MASSEY, CRISPIN N Name: 2251 MASSARO BLVD. Address: Address: TAMPA, FL 33619 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition MASSEY, RONALD A Name: Name: 2251 MASSARO BLVD. Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: VTS () Delete Title: () Change () Addition MASSEY, JUANITA H

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JUANITA MASSEY ٧ 04/21/2005