2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034753

MASSEY, JUANITA H

TAMPA, FL 33619

2251 MASSARO BLVD.

Name:

Address:

City-St-Zip:

FILED Apr 27, 2009 Secretary of State

Entity Nai	me: MASS	EY FABRICATO	RS, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
2551 MAS TAMPA, F	SERO BLVI L 33619	D.						
Current Mailing Address:				New Mailing Address:				
201 NORT SUITE 200 TAMPA, F		N STREET						
FEI Number: 59-3182695 FEI Number Applied For ()			FEI Number Not App	licable ()	Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
201 N. FR. SUITE 200	N, JAMES W ANKLIN STI 00 L 33602 U:	REET						
The above in the State	named enti e of Florida.	ty submits this s	tatement for the p	ourpose of changing i	ts registered	d office or registered a	gent, or both,	
SIGNATU	RE:							
	Elect	ronic Signature o	of Registered Age	ent		Date		
Election Car	mpaign Finan	cing Trust Fund Co	ontribution ().					
OFFICER	S AND DIR	ECTORS:		ADDITION	IS/CHANGE	S TO OFFICERS AN	ID DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPT MASSEY, J 2251 MASS TAMPA, FL	ARO BLVD.		Title: Name: Address: City-St-Zip:	P MASSEY, CF 2251 MASSA TAMPA, FL	ARO BLVD.		
Title: Name: Address: City-St-Zip:	V MASSEY, C 2251 MASS TAMPA, FL	ARO BLVD.		Title: Name: Address: City-St-Zip:	V MASSEY, RO 2251 MASSA TAMPA, FL	ARO BLVD.		
Title: Name: Address: City-St-Zip:	V MASSEY, R 2251 MASS TAMPA, FL	ARO BLVD.		Title: Name: Address: City-St-Zip:	STD MASSEY, JU 2251 MASSA TAMPA, FL	ARO BLVD.		
Title:	VTS	(X) Delete		Title:		() Change () Addition		

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

Name:

Address:

City-St-Zip:

SIGNATURE: CRISPIN N. MASSEY Ρ 04/27/2009