

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000089545

1. Entity Name
JOHN MASSELLI, ENROLLED AGENT, INC.



Principal Place of Business
7460 ROYAL PALM BLVD
MARGATE, FL 33063 US

Mailing Address
7460 ROYAL PALM BLVD
MARGATE, FL 33063 US

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0536377

App
Not

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

6. Name and Address of Current Registered Agent

MASSELLI, JOHN F
3390 GREENVIEW TERRACE E.
FAIRWAY POINTE AT CAROLINA
MARGATE, FL 33063

**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, a 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME MASSELLI, JOHN
STREET ADDRESS 3390 GREENVIEW TER. E.
CITY - ST - ZIP MARGATE, FL 33063

TITLE ST
NAME MASSELLI, GEORGIA
STREET ADDRESS 3390 GREENVIEW TER. E.
CITY - ST - ZIP MARGATE, FL 33063

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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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Georgia Masselli GEORGIA MASSELLI, Secretary 11/01/05 954-971-3065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #