

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0536377	App Not
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Addl Fee Required
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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 NAME STREET ADDRESS CITY-ST-ZIP	P MASSELLI, JOHN 3390 GREENVIEW TER. E. MARGATE, FL 33063
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MASSELLI, GEORGIA 3390 GREENVIEW TER. E. MARGATE, FL 33063
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *John Masselli, Georgia Masselli, September 11/05 954-971-3065***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #