

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 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**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0536377

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
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, 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, 2007 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-STATE-ZIP **MARGATE, FL 33063**

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Georgia Masselli* **GEORGIA MASSELLI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07
Date

954-971-3065
Daytime Phone #