

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000089545

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** JOHN MASSELLI, ENROLLED AGENT, INC.

**Current Principal Place of Business:**

WHISPERING WOODS CENTER  
7501 WILES RD., SUITE 103  
CORAL SPRINGS, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

WHISPERING WOODS CENTER  
7501 WILES RD., SUITE 103  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

**FEI Number:** 65-0536377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: MASSELLI, JOHN  
Address: 3390 GREENVIEW TER. E.  
City-St-Zip: MARGATE, FL 33063

Title: P  
Name: MASSELLI, GEORGIA  
Address: 3390 GREENVIEW TER. E.  
City-St-Zip: MARGATE, FL 33063

I hereby 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 all other like empowered.

SIGNATURE: GEORGIA MASSELLI

P

01/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date