

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010656

Entity Name: MASCO JONES, INC.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

418 ANGLE ROAD  
FT. PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

2904 GROVE DR.  
FORT PIERCE, FL 34981

**New Mailing Address:**

FEI Number: 65-0809813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DOMINGUEZ, ALBERTO  
418 ANGLE RD  
FORT PIERCE, FL 34947      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DOMINGUEZ, ALBERTO  
Address: 418 ANGLE RD.  
City-St-Zip: FORT PIERCE, FL 34947

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO DOMINGUEZ

PRES

04/29/2009

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

\_\_\_\_\_ Date