2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90022 030 ***158.75

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1. Entity Name
MASSON PROPERTIES INC.

Principal Place of Business	Mailing Address
3931 OCALA ROAD LANTANA, FL 33462	3931 OCALA ROAD LANTANA, FL 33462

DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0859146
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PINKWASSER, ALAN
3931 OCALA ROAD
LANTANA, FL 33462

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PDT
NAME	MASSON, LOUIS
STREET ADDRESS	3931 OCALA ROAD
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	VPSD
NAME	CRAWLEG, LISA CRAWLey
STREET ADDRESS	414 S. 9TH STREET
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	VPD
NAME	MASSON, PETER
STREET ADDRESS	4322 FOSS RD
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	V
NAME	CARWLEG, WILLIAM CRAWLey
STREET ADDRESS	414 S. 9TH STREET
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Louis Masson LOUIS MASSON PRESIDENT 1-14-05 561-748-0848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #