


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**DOCUMENT # P98000065212**  
1. Entity Name  
**MASSON PROPERTIES INC.**



**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**3931 OCALA ROAD  
LANTANA, FL 33462**

Mailing Address  
**3931 OCALA ROAD  
LANTANA, FL 33462**



**DO NOT WRITE IN THIS SPACE**

01292006 No Chg-P CR2E034 (11/05)

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**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature Required when reissuing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	PDT MASSON, LOUIS 3931 OCALA ROAD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CRAWLEY, LISA 414 S. 9TH STREET LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MASSON, PETER 4322 FOSS RD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAWLEY, WILLIAM 414 S. 9TH STREET LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000424536  
02/18/06-80059-002 158.75

**DO NOT WRITE 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: *Joan Masson PDT Louis Masson* 1-29-06 561-244-0848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #