

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90186 007 ***158.75

DOCUMENT # P99000003069 1. Entity Name 815 NORTH MASSACHUSETTS, INC.																													
Principal Place of Business 755 CREATIVE DR., SUITE 2 LAKELAND, FL 33813			Mailing Address 755 CREATIVE DR., SUITE 2 LAKELAND, FL 33813																										
2. Principal Place of Business 1000 West Beacon Road Suite, Apt. #, etc.		3. Mailing Address P. O. Box 434 Suite, Apt. #, etc.																											
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 59-3558927																									
Zip 33803		Country Polk		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PUTNAM, ABEL A 500 SOUTH FLORIDA AVENUE, SUITE 200 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Hugh Turbeville Street Address (P.O. Box Number is Not Acceptable) 16 Lake Hollingsworth Drive City Lakeland FL Zip Code 33803																										
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 <u><i>Hugh Turbeville</i></u> 4/21/04 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, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D READ, WILLIAM W JR</td> <td style="width:20%; text-align: right;">XX Delete</td> </tr> <tr> <td>NAME</td> <td>755 CREATIVE DR., #2</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LAKELAND, FL 33803</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D READ, WILLIAM W JR	XX Delete	NAME	755 CREATIVE DR., #2		STREET ADDRESS	LAKELAND, FL 33803		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">President/Treasurer/Director</td> <td style="width:20%; text-align: right;">X Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Bob Stanley</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 West Beacon Road</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lakeland, FL 33803</td> <td></td> </tr> </table>			TITLE	President/Treasurer/Director	X Change ☐ Addition	NAME	Bob Stanley		STREET ADDRESS	1000 West Beacon Road		CITY-ST-ZIP	Lakeland, FL 33803	
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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: <u><i>Hugh Turbeville</i></u> Hugh Turbeville, VP 4/21/04 863/640-6125 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													