

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08115

FILED
Apr 25, 2006
Secretary of State

Entity Name: JAMES W. MASSA, D.D.S., P.A.

Current Principal Place of Business:

5811 PELICAN BAY BLVD
SUITE 103
NAPLES, FL 34108 US

New Principal Place of Business:

2220 VENETIAN COURT
SUITE 7A
NAPLES, FL 34109 US

Current Mailing Address:

5811 PELICAN BAY BLVD
SUITE 103
NAPLES, FL 34108 US

New Mailing Address:

2220 VENETIAN COURT
SUITE 7A
NAPLES, FL 34109 US

FEI Number: 59-3101017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M.
430 N MILLS AVE
ORLANDO, FL 32803 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: PST () Delete
Name: MASSA, JAMES W. DDS,
Address: 7323 STONEGATE DRIVE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: MASSA, JAMES W. DDS,
Address: 7323 STONEGATE DR
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SIGNING

PRES

04/25/2006

Electronic Signature of Signing Officer or Director

Date