

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000005178

**Entity Name:** MASKED MIRACLES INC

**Current Principal Place of Business:**

2314 S TENNYSON PT  
HOMOSASSA, FL 34448

**Current Mailing Address:**

2314 S TENNYSON PT  
HOMOSASSA, FL 34448 US

**FEI Number:** 85-1419418

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 US

*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

**Officer/Director Detail :**

Title PD  
Name ASBURY, JACKEY III  
Address 2314 S TENNYSON PT  
City-State-Zip: HOMOSASSA FL 34448

Title D  
Name BRADY, DANIEL  
Address 2314 S TENNYSON PT  
City-State-Zip: HOMOSASSA FL 34448

Title SD  
Name ASBURY, ROBERT  
Address 2314 S TENNYSON PT  
City-State-Zip: HOMOSASSA FL 34448

Title TD  
Name HURST, KORI  
Address 21 TALL MARIGIGOLDS ST  
City-State-Zip: HOMOSASSA FL 34446

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACKEY ASBURY

**PRESIDENT**

**02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date