


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K55029**  
 1. Entity Name  
**MESSER, CAPARELLO, & SELF, P.A.**



Principal Place of Business      Mailing Address  
**215 S. MONROE STREET**      **P.O. BOX 1876**  
**SUITE 701**      **TALLAHASSEE, FL 32302-1876**  
**TALLAHASSEE, FL 32301-1871 US**



02192004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2921100</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SELF, FLOYD R**  
**215 S. MONROE STREET**  
**SUITE 701**  
**TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

UG0000126488  
 04/23/04-80036-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MESSER, J. ELLIOTT 3529 RAYMOND DIEHL RD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CAPARELLO, DOMINIC M 5123 ILE DE FRANCE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT SELF, FLOYD R 2924 COLDSTREAM DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HORTON, NORMAN H JR. 7740 DEEPWOOD TRAIL TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FINDLEY, THOMAS M 6389 PICKNEY HILL RD. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-04**

**850-222-0720**

Date

Daytime Phone #