

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55029

FILED
May 09, 2008
Secretary of State

Entity Name: MESSER, CAPARELLO, & SELF, P.A.

Current Principal Place of Business:

2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15579
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-2921100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELF, FLOYD R
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32317 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: D () Delete
Name: MESSER, J. ELLIOTT
Address: 3529 RAYMOND DIEHL RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP () Delete
Name: CAPARELLO, DOMINIC M
Address: 5123 ILE DE FRANCE
City-St-Zip: TALLAHASSEE, FL

Title: DVT () Delete
Name: SELF, FLOYD R
Address: 2924 COLDSTREAM DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS () Delete
Name: HORTON, NORMAN H JR.
Address: 7740 DEEPWOOD TRAIL
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: FINDLEY, THOMAS M
Address: 6369 PICKNEY HILL RD.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: LYNN POWELL

_____ Electronic Signature of Signing Officer or Director

MS

05/09/2008

_____ Date