

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55029

FILED  
Apr 15, 2009  
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: THOMAS M FINDLEY

TMF

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date