

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55029

FILED  
Mar 31, 2010  
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  
Name: MESSER, J. ELLIOTT  
Address: 3529 RAYMOND DIEHL RD.  
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

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

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

SIGNATURE: THOMAS FINDLEY

D

03/31/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date