2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L39568

1. Entity Name MSA DESIGN, INC.



FILED Apr 12, 2004 08:00 AM Secretary of State

Principal Place of Business

% DENNIS MICHAEL SPENCER 461 CARICA ROAD NAPLES, FL 34105 Mailing Address

% DENNIS MICHAEL SPENCER 461 CARICA ROAD NAPLES, FL 34108



|--|

03152004

No Chg-P

CR2E034 (10/03)

Daytime Phone #

4. FEI Number 65-0160259

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

SPENCER, DENNIS MICHAEL 461 CARICA ROAD NAPLES, FL 34108

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the patients of registered agent.	urpose of changing its registered office o	r registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campeign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPENCER, DENNIS MICHAEL 461 CARICA ROAD NAPLES, FL 34108			U00000109565 04/12/04-80048-015 150.00	
TITLE NAME STREET ADDRESS CXY-ST-ZIP	DVP SPENCER, SUZIE M 461 CARICA ROAD NAPLES, FL 33108			- : 1.	
THE NAME STREET ABORESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE	
HILE NAME STREET ADDRESS CITY-SI-ZIP					
RRLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 of truetee empowered to execute this report as required by Chapter 607, Plorida 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.					

D OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR