

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K55029

**Entity Name:** MESSER CAPARELLO, P.A.

**Current Principal Place of Business:**

2618 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

P.O. BOX 15579  
TALLAHASSEE, FL 32317

**FEI Number:** 59-2921100

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEAN, JAMES  
2618 CENTENNIAL PLACE  
TALLAHASSEE, FL 32308 US

*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:** JAMES J DEAN

04/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, CHAIRMAN  
Name CAPARELLO, DOMINIC M  
Address 2618 CENTENNIAL PLACE  
City-State-Zip: TALLAHASSEE FL 32308

Title PRESIDENT, DIRECTOR  
Name DEAN, JAMES J  
Address 2618 CENTENNIAL PLACE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, VC  
Name HERRON, MARK  
Address 2618 CENTENNIAL PLACE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, TREASURER  
Name HARRIS, BOB L  
Address 2618 CENTENNIAL PLACE  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, VP  
Name SPARKMAN, PAULA  
Address 2618 CENTENNIAL PLACE  
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY  
Name FREELAND, MONICA M  
Address 2618 CENTENNIAL PLACE  
City-State-Zip: TALLAHASSEE FL 32308

*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:** JAMES DEAN

PRESIDENT

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date