


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 698481		
1. Entity Name MESSER STORES INC.		
Principal Place of Business 145 S HWY 17 EAST PALATKA, FL 32131 US	Mailing Address 145 S HWY 17 EAST PALATKA, FL 32131 US	

DO NOT WRITE IN THIS SPACE



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2142453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LONGHI, VIRGINIA M
109 MYRTLEWOOD PT. RD.
EAST PALATKA, FL 32131

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STPD LONGHI, VIRGINIA MESSE 109 MYRTLEWOOD PT RD EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DARBY, MICHAEL D SR 106 DARBY ROAD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DARBY, JAMES A JR 158 W GRANDVIEW DR E PALTKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/05-80090-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 607, Florida 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.

SIGNATURE:

Virginia M. Longhi VIRGINIA M. LONGHI

Date

Daytime Phone #

4-8-05 384/325-2244