

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 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**



02122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2142453**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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

U000000632758  
04/16/07-80012-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** 4-1-07 386/325-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #