

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004246

Entity Name: MESA ASSOCIATES, INC.

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

9238 MADISON BLVD., BLDG. 2,
#116
MADISON, AL 35758

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 196
MADISON, AL 35758

New Mailing Address:

FEI Number: 63-1029698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTION
417 EAST VIRGINIA STREET
#1
TALLAHASSEE, FL 32301 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: V () Delete
Name: STEELE, LEVI
Address: 832 GEORGIA AVE 300
City-St-Zip: CHATTANOOGA, TN 37402

Title: V () Delete
Name: WILSON, MARK
Address: 832 GEORGIA AVE 300
City-St-Zip: CHATTANOOGA, TN 37402

Title: AV () Delete
Name: RAMSEY, TIM
Address: 10604 MURDOCK DRIVE
City-St-Zip: KNOXVILLE, TN 37932

Title: PST () Delete
Name: SAVANT, R C
Address: 9238 MADISON BLVD, BLDG 2 #116
City-St-Zip: MADISON, AL 35758

Title: V () Delete
Name: HEADRICK, REGGIE
Address: 10604 MURDOCK DRIVE
City-St-Zip: KNOXVILLE, TN 37932

Title: V () Delete
Name: CUTSHAW, TIM
Address: 10604 MURDOCK DRIVE
City-St-Zip: KNOXVILLE, TN 37932

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: R C SAVANT

PST

02/03/2009

Electronic Signature of Signing Officer or Director

Date