


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000001210 1. Entity Name MESA INDUSTRIES, INC.	
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Principal Place of Business 1560 LEXINGTON AVE DELAND, FL 32724	Mailing Address 1208 EASTCHESTER DRIVE SUITE 116 HIGH POINT, NC 27265
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-0739417	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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000027675 02/03/04-80055-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PICK, LEWIS A III 120 MITCHAM AVE AUBURN, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCOTT, PAUL G 1208 EASTCHESTER DRIVE HIGH POINT, NC 27265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JENKINS, JOHN R JR. 1208 EASTCHESTER DRIVE, SUITE 116 HIGH POINT, NC 27265
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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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:  JOHN R. JENKINS, JR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/29/04 Date	336 889-8448 Daytime Phone #
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