

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90093 007 ***150.00

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1. Entity Name
MESA INDUSTRIES, INC.



Principal Place of Business
**1560 LEXINGTON AVE
DELAND, FL 32724**

Mailing Address
**1208 EASTCHESTER DRIVE
SUITE 116
HIGH POINT, NC 27265**

50022044



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0739417

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 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	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	D Scott, I J III 1208 Eastchester Drive, Suite 116 High Point, NC 27265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. JENKINS, JR

2/25/05

Date

336-889-8948

Daytime Phone #