

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90132 041 ***150.00

DOCUMENT # F94000001210

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**

20017310



02162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 63-0739417		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

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: _____

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	C	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PICK, LEWIS A III			NAME			
STREET ADDRESS	120 MITCHAM AVE			STREET ADDRESS			
CITY-ST-ZIP	AUBURN, AL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, PAUL G			NAME			
STREET ADDRESS	1208 EASTCHESTER DRIVE			STREET ADDRESS			
CITY-ST-ZIP	HIGH POINT, NC 27265			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKINS, JOHN R JR.			NAME			
STREET ADDRESS	1208 EASTCHESTER DRIVE, SUITE 116			STREET ADDRESS			
CITY-ST-ZIP	HIGH POINT, NC 27265			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, IKE J III			NAME			
STREET ADDRESS	1208 Eastchester Dr, Suite 116			STREET ADDRESS			
CITY-ST-ZIP	High Point, NC 27265			CITY-ST-ZIP			
TITLE	C.D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Pick, Charles C.			NAME			
STREET ADDRESS	1208 Eastchester Dr, suite 116			STREET ADDRESS			
CITY-ST-ZIP	High Point, NC 27265			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: John R. Jenkins, Jr. **JOHN R. JENKINS, JR** 3-10-06 336-889-8498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #