



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90156 003 ***150.00

DOCUMENT # J98798 1. Entity Name ROGER N. MESSER, P.A.																													
Principal Place of Business 1555 ST. LUCIE WEST BLVD SUITE 202 PORT ST. LUCIE, FL 34952				Mailing Address 8000 SOUTH US #1 PORT ST. LUCIE, FL 34952																									
2. Principal Place of Business Suite, Apt. #, etc. 1555 St. Lucie West Blvd., NW		3. Mailing Address Suite, Apt. #, etc. Suite 202		50024346 																									
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 65-0009583																									
Zip 34986		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MESSER, ROGER N 1555 ST. LUCIE WEST BLVD SUITE 202 PORT ST. LUCIE, FL 34952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 relocating) Signature, typed or printed name of registered agent and title if applicable. DATE _____																													
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">PSTD</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MESSER, ROGER N</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1172 MIRRORLAKE COVE SW</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PT. ST. LUCIE, FL</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PSTD	<input checked="" type="checkbox"/> Delete	NAME	MESSER, ROGER N		STREET ADDRESS	1172 MIRRORLAKE COVE SW		CITY-ST-ZIP	PT. ST. LUCIE, FL		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <u>Roger N Messer</u> 3-7-05 772-879-3000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													