

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90065 019 ****70.00

DOCUMENT # N99000004671 1. Entity Name MESSENGER METAPHYSICAL STUDIES, INC.			
Principal Place of Business 5240 31ST AVE. N. ST. PETERSBURG, FL 33710		Mailing Address 5240 31ST AVE. N. ST. PETERSBURG, FL 33710	
2. Principal Place of Business 5472 36 Ave. N. Suite, Apt. #, etc.		3. Mailing Address 5472 36 Ave. N. Suite, Apt. #, etc.	
City & State St. Petersburg, FL Zip Country 33710		City & State St. Petersburg, FL Zip Country 33710	
4. FEI Number 59-3606638		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DREXLER, FRANK E 5240 31ST AVE. N. ST. PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name Drexler, Frank E. Street Address (P.O. Box Number is Not Acceptable) 5472 36 Ave. N. City St. Petersburg FL Zip Code 33710	
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 <u>Frank E. Drexler</u> 02/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DREXLER, FRANK E 5240 31ST AVE N SAINT PETERSBURG, FL 33710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Drexler, Frank E 5472 36 Ave. N. St. Petersburg, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PANUNZIO, DAVID W 5240 31ST AVE N SAINT PETERSBURG, FL 33710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Panunzio, David W. 5472 36 Ave. N. St. Petersburg, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREXLER, FLORENCE G 5472 36TH AVE N SAINT PETERSBURG, FL 33710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kollar, Erika 777-62-Ave.-N. St. Petersburg, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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>Frank E. Drexler</u> 02/10/05 727-525-8335 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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