

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000084093

1. Entity Name  
TERRY L. MESSEX, INC.



Principal Place of Business  
7201 KNOWLES ROAD  
POLK CITY, FL 33868

Mailing Address  
7201 KNOWLES ROAD  
POLK CITY, FL 33868

2. Principal Place of Business

620 PHILLIPi Rd

Suite, Apt. #, etc.

3. Mailing Address

620 PHILLIPi Rd.

Suite, Apt. #, etc.

City & State  
WARTRACE TN

Zip 37183 Country USA

City & State  
WARTRACE TN

Zip 37183 Country USA

6. Name and Address of Current Registered Agent

MESSEX, TERRY L  
7201 KNOWLES ROAD  
POLK CITY, FL 33868

4. FEI Number  
65-1198759

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name SANDRA M. FRY

Street Address (P.O. Box Number is Not Acceptable)  
2500 21ST ST N.W. #88

City WINTER HAVEN FL Zip Code 33881

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

Sandra M. Fry

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-06

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME MESSEX, TERRY L  
STREET ADDRESS 7201 KNOWLES ROAD  
CITY-ST-ZIP POLK CITY, FL 33868

Delete

TITLE P-D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

MESSEX, TERRY L.  
620 PHILLIPi Rd.  
WARTRACE TN 37183

TITLE S  
NAME MESSEX, ROBBIE L  
STREET ADDRESS 7201 KNOWLES RD.  
CITY-ST-ZIP POLK CITY, FL 33868

Delete

TITLE S  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

MESSEX, ROBBIE L.  
620 PHILLIPi Rd.  
WARTRACE TN 37183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06 931-575-8307  
Date Daytime Phone #