

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # **03000114228**

1. Entity Name

**MESICK CORPORATION, INC**



13 DEC -6 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

**623 VIRGINIA AVE**

Suite, Apt. #, etc.

3. Mailing Address

**623 VIRGINIA AVE**

Suite, Apt. #, etc.

**400254198844**

11/25/13--01046--012 \*\*558.75

CR2E034B (1/11)

City & State

**HOLLY HILL, FL**

City & State

**HOLLY HILL, FL**

4. FEI Number

**46-0841341**

Applied For

Not Applicable

Zip

**32117**

Country

**US**

Zip

**32117**

Country

**US**

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**WILLIAM MESICK**

Street Address (P.O. Box Number is Not Acceptable)

**623 VIRGINIA AVE**

City

**HOLLY HILL**

**FL**

Zip Code

**32117**

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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 **WILLIAM MESICK**

Signature, typed or printed name of registered agent and title if applicable

*William Mesick*

(NOTE: Registered Agent signature required when re-instating)

**NOVEMBER 18, 2013**

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing



**\$5.00** May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

**BDLTGROUPLLC@GMAIL.COM**

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE **VICE PRESIDENT**  
NAME **PATRICIA D. MESICK**  
STREET ADDRESS **741 HOPE STREET**  
CITY-STATE-ZIP **ORMOND BEACH, FL 32174**

TITLE **PRESIDENT**  
NAME **WILLIAM MESICK**  
STREET ADDRESS **623 VIRGINIA AVE**  
CITY-STATE-ZIP **HOLLY HILL, FL 32117**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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*WSP  
12/16*

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 on an attachment with an address, with all other like empowered, I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155

SIGNATURE:

*William Mesick*

**WILLIAM MESICK**

DATE

**11/18/13 (386) 279-9344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #