

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000127509

1. Entity Name

MESSER CUSTOM FINISHERS, INC.



Principal Place of Business

13985 NE 47TH AVENUE  
SPARR, FL 32192 US

Mailing Address

PO BOX 376  
SPARR, FL 32192 US



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0397480

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MESSAR, MICHAEL  
13985 NE 47TH AVENUE  
SPARR, FL 32192

**DO NOT WRITE  
IN THIS SPACE**

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

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

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

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000347987  
05/02/05-80007-010 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MESSER, MICHAEL J  
STREET ADDRESS 13985 NE 47TH AVENUE  
CITY-ST-ZIP SPARR, FL 32192

TITLE VP  
NAME MESSER, WILLIAM R  
STREET ADDRESS 13985 NE 47TH AVENUE  
CITY-ST-ZIP SPARR, FL 32192

TITLE SEC  
NAME MESSER, MICHAEL J  
STREET ADDRESS 13985 NE 47TH AVENUE  
CITY-ST-ZIP SPARR, FL 32192

TITLE TREA  
NAME MESSER, MICHAEL J  
STREET ADDRESS 13985 NE 47TH AVENUE  
CITY-ST-ZIP SPARR, FL 32192

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #