


2006 FOR PROFIT CORPORATE ANNUAL REPORT

FILED
May 02, 2006 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	



04302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0397480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	
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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05/17/06-80126-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: William Messer William Messer 4/30/06 352/867-8485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #