


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 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 | |



02202008 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**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000933868
05/23/08-80009-010 150.00**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MESSER, MICHAEL J 13985 NE 47TH AVENUE SPARR, FL 32192 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MESSER, WILLIAM R 13985 NE 47TH AVENUE SPARR, FL 32192 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC MESSER, MICHAEL J 13985 NE 47TH AVENUE SPARR, FL 32192 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA MESSER, MICHAEL J 13985 NE 47TH AVENUE SPARR, FL 32192 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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:

Michael Messer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08
Date

352/267-8485
Daytime Phone #