

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000145857

1. Entity Name
JOE MESSANA CONSTRUCTION CO., INC.



Principal Place of Business
**859 LAKE JUNE ROAD
LAKE PLACID, FL 33852**

Mailing Address
**859 LAKE JUNE ROAD
LAKE PLACID, FL 33852**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0487737

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NIELANDER, WILLIAM J
172 E. INTERLAKE BOULEVARD
LAKE PLACID, FL 33852**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MESSANA, JOSEPH M JR.
STREET ADDRESS 859 LAKE JUNE ROAD
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE VD
NAME PAUL, JAMES
STREET ADDRESS 859 LAKE JUNE ROAD
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE STD
NAME MESSANA, III, JOSEPH M
STREET ADDRESS 859 LAKE JUNE ROAD
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE
NAME
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CITY-ST-ZIP

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01/16/07-80030-016 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOSEPH M MESSANA, JR.
PRESIDENT**

1/9/2007 863 4414501