

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000027127

1. Entity Name
MESSAGES ON HOLD INCORPORATED



Principal Place of Business
1011 GUISANDO AVE
TAMPA, FL 33613

Mailing Address
1011 GUISANDO AVE
TAMPA, FL 33613



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0726920

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O'CONNOR, PATRICK M
2240 BELLEAIR RD
SUITE 160
CLEARWATER, FL 33764

**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 consisting)

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	D
NAME	PALAZZO, DAVID
STREET ADDRESS	1011 GUISANDO AVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	TYNEFIELD, DELLANE
STREET ADDRESS	1011 GUISANDO AVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000485702
04/13/06-80006-003 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-06