

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141558

Entity Name: MESSAGE INC.

FILED  
Jan 10, 2005  
Secretary of State

## Current Principal Place of Business:

1474 S. 3RD STREET  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

## Current Mailing Address:

1474 S. 3RD STREET  
JACKSONVILLE BEACH, FL 32250

## New Mailing Address:

FEI Number: 80-0124405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTANDON, CRYSTAL  
1474 S. 3RD STREET  
JACKSONVILLE BEACH, FL 32250 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: MONTANDON, CRYSTAL  
Address: 15150 BELLE RIVE BLVD, EAST #2302  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP/D ( ) Delete  
Name: HOFFMAN, AUDREY  
Address: 5204 HIDE A WAY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: T/D ( ) Delete  
Name: CARTER, JAIME  
Address: 7595 BAYMEADOWS CIRCLE WAY DRIVE #2403  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S (X) Delete  
Name: CARTER, JAIME  
Address: 7595 BAYMEADOWS CIRCLE WAY DRIVE #2403  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T/D (X) Change ( ) Addition  
Name: HOFFMAN, AUDREY  
Address: 5204 HIDE A WAY DR  
City-St-Zip: JACKSONVILLE, FL 32258

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY HOFFMAN

VP/D

01/10/2005

Electronic Signature of Signing Officer or Director

Date