
2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2007 08:00 AM Secretary of State **DOCUMENT # P04000165111** 1. Entity Name RON MESSIER, INC. Principal Place of Business Mailing Address 8930 STATE ROAD 84 8930 STATE ROAD 84 DAVIE, FL 33324 **DAVIE, FL 33324** 02282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1977535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MESSIER, RONALD J 8930 STATE ROAD 84 DAVIE, FL 33324 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MESSIER, RONALD J NAME 8930 STATE ROAD 84 STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33324** TITLE NAME STREET ADDRESS CITY-ST-7(P TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS U000000732825 CITY-ST-ZIP 05/09/07-80061-012 150.00 TITEF NAME

12. I hereby certify that the information supplied with this fiting 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 per like empowered.

SIGNATURE:

STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-605 03

Daytime Phone

FILED