

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P05000033452

1. Entity Name

MESSAGE 2 U, INCORPORATED



Principal Place of Business

10148 HECKSCHER DRIVE
JACKSONVILLE, FL 32226

Mailing Address

P.O. BOX 8903
JACKSONVILLE, FL 32239-8903



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4294852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERREIRA, PHYLLIS A
10148 HECKSCHER DRIVE
JACKSONVILLE, FL 32226

**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 renatating)

DATE _____

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

U00000852366
03/26/08-80025-011 150.00

10. OFFICERS AND DIRECTORS

TITLE PST
NAME FERREIRA, PHYLLIS A
STREET ADDRESS P.O. BOX 8903
CITY-ST-ZIP JACKSONVILLE, FL 322398903

TITLE VP
NAME WHITSON, ANGELA A
STREET ADDRESS P.O. BOX 8903
CITY-ST-ZIP JACKSONVILLE, FL 322398903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Phyllis A. Ferreira *Phyllis A. Ferreira*

2/25/08

904/813-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #