


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90378 005 ***150.00

DOCUMENT # P07000038871 1. Entity Name M.E.S.S. INC.					
Principal Place of Business 3126 SW CURCUMA ST. PORT ST. LUCIE, FL 34953			Mailing Address 3126 SW CURCUMA ST. PORT ST. LUCIE, FL 34953		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3126 SW CURCUMA ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc. PORT SAINT LUCIE			
City & State		City & State FL		4. FEI Number 20-8695022	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, MAXINE 3126 SW CURCUMA ST. PORT ST. LUCIE, FL 34953				7. Name and Address of New Registered Agent Name MAXINE SCOTT Street Address (P.O. Box Number is Not Acceptable) 3126 SW CURCUMA ST City PORT SAINT LUCIE FL Zip Code 34953	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOTT, WAYNE E 3126 SW CURCUMA ST. PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD SCOTT, MAXINE 3126 SW CURCUMA ST. PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Maxine Scott</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/24/08 <small>Date</small>		
			772-878-7818 <small>Daytime Phone #</small>		