

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90185 048 ***150.00

DOCUMENT # P97000074378					
1. Entity Name MESSAGE PROFESSIONALS INC.					
Principal Place of Business 9355 LAKE ABBY LANE BONITA SPRINGS, FL 34135 US			Mailing Address 9355 LAKE ABBY LANE BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box # 9342 SUN RIVER WAY		3. Mailing Address 9342 SUN RIVER WAY			
Suite, Apt. #, etc. ESTERO		Suite, Apt. #, etc. ESTERO			
City & State FLORIDA		City & State FL		4. FEI Number 59-3457037	
Zip 33928		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELCHIORE, JULIE A 9355 LAKE ABBY LANE BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name: only address change / SAME AGENT Street Address (P.O. Box Number is Not Acceptable): 9342 SUN RIVER WAY City: ESTERO FL Zip Code: 33928		
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 Agents signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing ☐ \$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	DPT MELCHIORE, JULIE A 9355 LAKE ABBY LANE BONITA SPRINGS, FL 34135	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM MELCHIORE, ROBERTA 9355 LAKE ABBY LANE BONITA SPRINGS, FL 34135	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition			
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: Julie A. Melchore President		Date: 1/12/07		Daytime Phone #: 239-405-0443	