

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90043 028 ***158.75

DOCUMENT # P98000031656

1. Entity Name

M.E.S. INSTALLATIONS, INC.



Principal Place of Business

1522 CRABAPPLE COVE
JACKSONVILLE FL 32225

Mailing Address

1522 CRABAPPLE COVE
JACKSONVILLE FL 32225

J4060160



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3505316

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENNY, DONNA L
1522 CRABAPPLE COVE
JACKSONVILLE FL 32225

Name

PENNEY, DONNA L.

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DARR, DAVID D
STREET ADDRESS 5125 CITRUS BLVD., APT. 144
CITY-ST-ZIP ROVER RIDGE LA 70123

TITLE D ☐ Delete
NAME PENNY, DONNA L
STREET ADDRESS 1522 CRABAPPLE COVE
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☐ Delete
NAME PENNY, DONALD A
STREET ADDRESS 12642 MUIRFIELD BLVD., NORTH
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☐ Delete
NAME MAZYCK, CLAY W JR
STREET ADDRESS 5630 LACOUR MONIQUE
CITY-ST-ZIP NEW ORLEANS LA 70131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP RIVER RIDGE

TITLE P/D ☒ Change ☐ Addition
NAME PENNEY, DONNA L.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME PENNEY, DONALD A.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Donna L. Penney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/04 904-642-3905