

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90015 012 ***150.00

DOCUMENT # P99000026045

1. Entity Name
MSA LIMITED, INC.



Principal Place of Business

100 WALLACE AVENUE
SUITE 100
SARASOTA, FL 34237

Mailing Address

100 WALLACE AVENUE
SUITE 100
SARASOTA, FL 34237

24003430



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0907351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRINGTON, ALAN
1235 SOUTHPORT DR.
SARASOTA, FL 34242

*9122 MIDNIGHT PASS RD
SARASOTA
FL
UNIT 21 34242*

**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]
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 15 - 2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MERRINGTON, ALAN
STREET ADDRESS	1235 SOUTHPORT DR
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	MERRINGTON, LYNNE
STREET ADDRESS	1235 SOUTHPORT DR
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	MERRINGTON, BRETT
STREET ADDRESS	1235 SOUTHPORT DR
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #