

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90008 046 ***150.00

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1. Entity Name
DAVID MESKAUSKAS & ASSOCIATES, INC.



Principal Place of Business

**1009 SW BIANCA AVENUE
PORT ST LUCIE, FL 34953**

Mailing Address

**1009 SW BIANCA AVENUE
PORT ST LUCIE, FL 34953**



01222004

No Chg-P

CP2E034 (10/03)

4. FEI Number
65-0927739

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MESKAUSKAS, DAVID
1009 SW BIANCA AV.
PORT SAINT LUCIE, FL 34953**

**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 reinstating)

DATE

**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	P
NAME	MESKAUSKAS, DAVID
STREET ADDRESS	1009 SW BIANCA AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	SEC.
NAME	SCOT BRICKSON
STREET ADDRESS	926 EAST 6TH ST.
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *David Meskauskas* **DAVID MESKAUSKAS**
PRESIDENT

1-22-04

772-336-0588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #