2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# P99000070483

Entity Name: DAVID MESKAUSKAS & ASSOCIATES, INC.

Current Principal Place of Business:

1009 SW BIANCA AVENUE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1009 SW BIANCA AVENUE
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-0927739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MESKAUSKAS, DAVIS
Address: 1009 SW BIANCA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S ( ) Delete
Name: BRICKSON, SCOT
Address: 926 EAST 6TH ST
City-St-Zip: STUART, FL 34994

Title: VP ( ) Delete
Name: MESKAUSKAS, MARGARET A
Address: 1009 SW BIANCA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MESKAUSKAS, DAVID
Address: 1009 SW BIANCA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MESKAUSKAS, MARGARET A
Address: 1009 SW BIANCA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MESKAUSKAS P 01/15/2008

Electronic Signature of Signing Officer or Director Date