

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000070483

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID MESKAUSKAS

P

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date