

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 MAY -8 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSK

DOCUMENT # S52270

1. Entity Name
THOMAS V. MESSIER, INC.



Principal Place of Business
24101 SOUTHWEST MARTIN HIGHWAY
OKEECHOBEE, FL 34974

Mailing Address
24101 SOUTHWEST MARTIN HIGHWAY
OKEECHOBEE, FL 34974

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0264015

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

MESSIER, THOMAS V.
2266 FOURTH AVE. NO.
LAKE WORTH, FL 33461-3838

Name

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

3149 NE 51 Ave

City High Springs

FL

Zip Code

32643

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MESSIER, THOMAS V. ☐ Delete
STREET ADDRESS 3149 NORTHEAST 51 STREET
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE Treasurer/Vice President ☐ Change ☒ Addition
NAME Jennifer Messier
STREET ADDRESS 24101 SW Martin Hwy
CITY-ST-ZIP Okeechobee FL 34974

TITLE SD
NAME MESSIER, PAULA G. ☐ Delete
STREET ADDRESS 3149 NORTHEAST 51 STREET
CITY-ST-ZIP HIGH SPRINGS, FL 32643

TITLE 200075214172 ☐ Change ☐ Addition
NAME 05/25/06--01004--005 **\$61.25
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME MESSIER, MIKE ☐ Delete
STREET ADDRESS 24101 SW MARTIN HIGHWAY
CITY-ST-ZIP OKEECHOBEE, FL 34974

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Delete
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 exemptions contained 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 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:

Thomas V. Messier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-06

Date

386

454-4574

Daytime Phone #