


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000039570	
1. Entity Name ACE RECYCLING & METALS, INC.	

Principal Place of Business RT 7, BOX 512, E. WASHINGTON ST. LAKE CITY, FL 32055	Mailing Address RT 7, BOX 512, E. WASHINGTON ST. LAKE CITY, FL 32055
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DO NOT WRITE IN THIS SPACE



04102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3514798	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALLACE, CARSON R SR. RT 7, BOX 512, E. WASHINGTON ST. LAKE CITY, FL 32055

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLACE, CARSON R SR. RT 12, BOX 8F, WILDERNESS CIRCLE LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAPP, RAYMOND 2999 E. DUVAL ST. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLACE, DIANN RT 12, BOX 8F, WILDERNESS CIRCLE LAKE CITY, FL 32055
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04/19/04-80017-016 150.00

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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: *Carson R Wallace* 4/15/04 386-397-5103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #