

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 625151 1. Entry Name TALLAHASSEE SCRAP METALS, INC.					
Principal Place of Business STATE ROAD 12 B P.O. BOX 887 HAVANA FL 32333			Mailing Address PO BOX 887 HAVANA FL 32333		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 59-2000259			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WOOD, CLARENCE R SR. 2561 GLOVER RD. TALLAHASSEE FL 32304			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Clarence R. Wood SR</i> Clarence R. Wood SR 2-10-05 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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY - ST - ZIP	P ☐ Delete WOOD, CLARENCE R, SR 2561 GLOVER RD. TALLAHASSEE FL 32304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 1000000226520 02/12/05-80023-013 150.00		
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1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Clarence R. Wood SR* **Clarence R. Wood SR** **2-10-05 850-421-9186**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #