


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90070 023 \*\*\*150.00

<b>DOCUMENT # P94000081041</b>			
1. Entity Name <b>METRO BUSINESS ASSOCIATES, INC.</b>			
Principal Place of Business <b>628 EAST PINE STREET SUITE A ORLANDO FL 32801</b>		Mailing Address <b>2757 N OCEANSHORE BLVD FLAGLER BEACH FL 32136 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2757 N OCEANSHORE BLVD</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>FLAGLER BEACH, FL</b>		City & State	
Zip <b>32136</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>LAZEAR, LYLE 628 E PINE ST SUITE A ORLANDO FL 32801</b>		7. Name and Address of New Registered Agent Name <b>LAZEAR, LYLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2757 N OCEANSHORE BLVD</b> City <b>FLAGLER BEACH, FL</b> Zip Code <b>32136</b>	
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 <u><i>Lyle Lazear</i></u> <b>PRESIDENT LYLE LAZEAR</b> <b>3-29-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAZEAR, LYLE</b> <input type="checkbox"/> Delete <b>628 E. PINE STREET ORLANDO FL 32801</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAZEAR, LYLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2757 N. OCEANSHORE BLVD FLAGLER BEACH, FL 32136</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <u><i>Lyle Lazear</i></u> <b>PRESIDENT LYLE LAZEAR</b> <b>3-29-08</b> <b>(386)</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>338-4880</b> <small>Daytime Phone #</small>	



1st MOORE CR2E034 (10/07)